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THE LADY'S MANUAL  
OF  
HOMŒOPATHIC TREATMENT

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# THE LADY'S MANUAL

OF

## HOMŒOPATHIC TREATMENT

IN THE

VARIOUS DERANGEMENTS INCIDENT TO HER SEX

BY E. H. RUDDOCK, M.D.

LICENTIATE OF THE ROYAL COLLEGE OF PHYSICIANS; MEMBER OF THE ROYAL  
COLLEGE OF SURGEONS; LICENTIATE IN MIDWIFERY, LONDON AND  
EDINBURGH; LATE CONSULTING PHYSICIAN TO THE READING  
AND BERKSHIRE HOMŒOPATHIC DISPENSARY; ETC.

TWELFTH EDITION

Entirely revised, reset and arranged, with an additional  
chapter on Homœopathic Dietary by

JOHN H. CLARKE, M.D.



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## PREFACE BY THE EDITOR

THERE is one quality about genuine practical Homœopathic books, and that is that they never become out of date. Dr. Ruddock had a perfect genius for putting into practical shape for popular comprehension and use the vital facts of Homœopathy, and for that reason his books remain living entities long after his departure from the scene. THE LADIES' MANUAL now appears in its Twelfth Edition, and as I have been responsible for the revision of previous issues, the publishers have asked me to revise the work once more. This I am glad to do, as it enables me to make a few additions to the text and also to add a new chapter, HOMŒOPATHIC DIETARY, and say something about the Doctrine of Vitamins which is in everybody's mouth in these last days.

Our work is concerned with the practical side of the new teaching as it bears on the subject of our Manual. When improper dieting is the cause of disordered health, the sensible thing to do is to reform the diet. This will give the homœopathic remedies the best chance to do their part.

JOHN H. CLARKE.





## PREFACE TO THE SEVENTH EDITION

EVERY portion of this work has been most carefully revised; the most modern doctrines and therapeutics have been considered and referred to, and several entirely new Sections, of which the following are the chief, have been added,—Spinal Irritation, Infantile Leucorrhœa, Causes of Bad Getting-up after Labour, and Puerperal Mania.

Complaint occasionally reaches the Author that the continual introduction of changes into succeeding editions of his works is becoming a serious tax upon some purchasers, involving the necessity of their procuring a copy of each publication. The Author is fully alive to this complaint; but it should be remembered that a work of this character is unlike an ordinary literary production, new editions of which simply require accuracy in reprinting; and that in dealing with an ever-changing and expanding subject such as that herein treated of, there is hardly a doctrine or method of practice which has not to be repeatedly weighed and tested by the most recent investigations. The most advanced views and improved methods of practice will be looked for by the reader, and these the Author conscientiously endeavours to introduce so as to render each edition an improvement on its predecessor.

The Author has endeavoured in the following pages to point out systematically the medical and general treatment of the most frequently occurring derangements peculiar to the female organisation. The statements advanced may be accepted as tested and confirmed by him during many years' study and practice, and they claim that weight

which may confidently be asked for the honest declarations of a careful observer.

In sending forth this Manual under the banner of Homœopathy, he does not mean to imply that the old practice is wholly false or always injurious. On the contrary, he regularly peruses, and gleans much from, the writings and clinical experience of his allopathic brethren. Although, then, Homœopathy is the foundation on which his medical treatment is reared, he accepts the suggestions and profits by the experience of others whenever and wherever honestly presented.

The value of Homœopathy in the treatment of the diseases of women can only be estimated by those persons who have adopted it to any extent in this department of the healing art. Knowing, therefore, how great a blessing the system is to women, the Author is thankful to note that its influence is steadily and surely permeating society. The several former editions of this work, besides other Manuals he has written on Homœopathy, have prompted those readers who have been benefited by them to address numerous letters to him conveying a fuller apprehension of the deep and widespread interest now taken in Homœopathy than could be attained in any other way. But did not the Author's own observations satisfy him of the efficiency and safety of the following prescriptions, he would, indeed, hesitate to incur the responsibility of offering them to the public. His personal observations, made during a fairly large experience, both in private and dispensary practice, together with the spontaneous testimony of the numerous correspondents just referred to, enable him to predict, even more confidently than he did some years since, when the first edition was published, the happiest results whenever the directions shall be faithfully carried out.



## P R E F A C E

This work is by no means intended to supersede professional homœopathic treatment when it is accessible, but to recommend remedies and measures of greater value, and less dangerous, than those commonly employed in allopathic practice. A cursory inspection of the work will show that it is not limited to the prescription of drugs, but that it contains nearly everything that is essential on general and accessory treatment. Patients who consult the Manual will fail to derive half the value of its instructions if they do not adopt the various accessories appended to the Sections. Of course, in every serious or doubtful case, or when the treatment prescribed is insufficient to effect the desired change in a reasonable time, a homœopathic practitioner should be consulted.

E. H. RUDDOCK.



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# THE LADY'S HOMŒOPATHIC MANUAL

## CHAPTER I

### INTRODUCTORY

#### 1.—HOMŒOPATHIC MEDICINES

THE medicines prescribed in this Manual may be procured either in a case or chest complete, or in single bottles as required. For persons not having easy access to a homœopathic chemist's shop it is very desirable that they should be provided with a full stock of the medicines. For residents in towns, who can at any moment have their medicinal wants supplied, not more than a dozen or twenty-four of the more frequently indicated remedies need be obtained at first, although we would strongly urge upon all who purpose taking this book as their guide, to be prepared to meet every emergency, however sudden and urgent it may be, without incurring the delay incidental upon sending a messenger to a chemist for the necessary means of treatment. The medicines should, if possible, be procured from a person who is exclusively occupied with the manufacture and sale of homœopathic remedies, and one whose character will afford some guarantee for their purity, and the mode and accuracy of their preparation. Unless otherwise unobtainable, they should not be bought from an allopathic chemist—at all events not from one who does not keep

them in an apartment or case from which the injurious influences of the strong-smelling drugs of his shop are most carefully excluded. When the patient's case is not an urgent one, and time is an element of no great moment, the medicine may be sent for by post to any homœopathic chemist, who will execute the order at once. Failures in homœopathic practice have often been traced to the improper or careless preparations relied upon, and every precaution should therefore be taken to guard against the employment of any but the purest and the best.

The medicines used in homœopathic practice are prepared in different forms, namely, *Globules*, *Pilules*, *Tinctures*, *Discs*, *Tablets*, and *Triturations*. Globules are now almost wholly superseded by pilules, as being less handy than the latter, but when properly prepared the one is equally efficacious with the other. In this volume all the forms are referred to except globules. A description of the various forms will be found in the "Homœopathic Vade Mecum," p. 83 of the new and revised edition.

## 2.—DIRECTIONS FOR MIXING AND TAKING THE MEDICINES

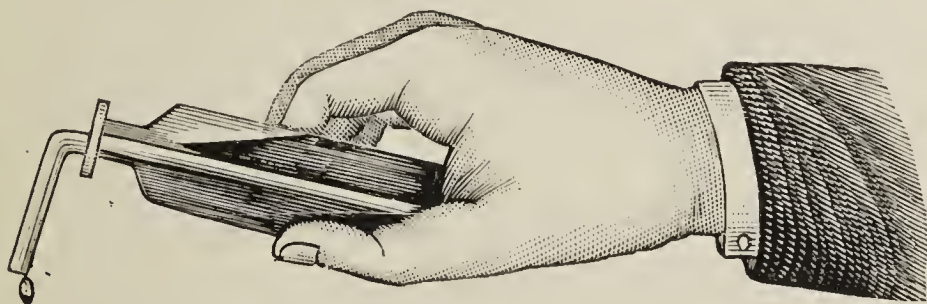
ADMINISTRATION.—Triturations are usually taken dry on the tongue. Pilules may be taken in a similar manner, or dissolved in water. Tinctures are invariably mixed with water. If the dose of the tincture has to be frequently repeated it will be found very convenient to put a certain number of doses, with the necessary quantity of water, into a glass or earthenware vessel; otherwise, each dose may be mixed with water as required. Tinctures may be readily and accurately dropped by holding the bottle in an oblique manner, with the lip resting against the middle of the wet end of the cork, and then tilting up the bottle carefully; the

## DIRECTIONS FOR TAKING THE MEDICINES

liquid will descend drop by drop from the lower edge of the cork, as in the following illustration:



Or it may be still more easily done, even by the most timid and nervous persons, by introducing a piece of solid glass, about  $\frac{3}{16}$  of an inch in diameter, bent at a right angle, into the bottle, and tilting as before; the medicine will fall from the free end of the glass rod drop by drop, as in this illustration:



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The medicine should always be put into the glass first, then the water should be added in the proportion of a table, dessert, or teaspoonful, as may be preferred by the patient, to each dose of the medicine. When the mixture has to stand some time after being made, the vessel should be covered with a saucer or clean sheet of writing paper; or it may be



poured into a *clean* bottle, particular care being taken that the cork is new and sound. But the graduated earthenware medicine cups, with covers, which are now specially made and sold for the use of homœopaths, possess many advantages over ordinary glasses and bottles, and should be always employed when obtainable. The spoon after being used should be carefully wiped, and put away in a clean and dry place until again required. Fine glazed earthenware or glass spoons are in all cases preferable to metal ones for medical purposes.

THE DOSE.—In determining the size of the dose several circumstances may require to be taken into consideration, such as the age, habits, and temperament of the patient, the organ affected, and the nature of the disease. Persons accustomed to much outdoor exercise, and the young, and the highly sensitive, are affected by much smaller doses than are required for the indolent, the aged, and the apathetic. Chronic diseases are often more amenable to minuter quantities of medicinal agents than are acute diseases. It is, however, almost impossible to lay down any rule that shall be applicable to every patient. Whilst acting in accordance with the following general directions, which will be found to meet the great majority of cases, the prescriber's intelligent perceptions will soon enable her to decide as to the advisability of departing from a strict adherence to the average doses here given.

FOR AN ADULT.—From one to two drops of a tincture, *three to four pilules, one disc, one or two tablets, or one grain to two grains of a trituration may be administered*; FOR A YOUTH FROM TEN TO EIGHTEEN YEARS OF AGE, *about half of the above quantities*; AND FOR CHILDREN UNDER TEN YEARS OF AGE, *about a third or less may be given*.

A pilule or a drop may be easily divided into two or



three doses, by mixing the one or the other with two or three spoonfuls of water; one spoonful of the solution will contain a half or a third of a pilule or drop respectively.

HOURS.—The most appropriate times for taking the medicines are, generally, on rising in the morning, at bed-time, and, if oftener prescribed, about half an hour or an hour before, or two or three hours after, a meal.

REPETITION OF DOSES.—On this point the prescriber must be guided by the acute or chronic character of the malady, the urgency and danger of the symptoms, and the effects produced by the medicines. In violent and acute diseases, such as Flooding, Miscarriage, Convulsions, internal inflammation, etc., the remedies may be repeated every fifteen, twenty, or thirty minutes; in less urgent cases, every hour to three or four hours. In chronic maladies the medicine may be administered every six, twelve, or twenty-four hours, or even at more distant intervals. In all cases, when improvement takes place, the medicine should be taken less frequently, and gradually relinquished.

### 3.—GENERAL DIRECTIONS

ALTERNATION OF MEDICINES.—Homœopaths do not follow the objectionable practice of mixing several drugs together and trusting to the discriminating powers of the stomach to discard the unsuitable and appropriate the suitable one. They endeavour to prescribe with precision, by administering one medicine only at a time. In some acute diseases, however, all the symptoms are not covered by a single remedy. In such cases two medicines may be given in alternation; that is, one medicine may be followed by another at certain intervals of time, and in a regularly recurring order of succession. It is, however, rarely advisable

to give more than one medicine until its effect or non-effect has been observed.

**DRUGS.**—Persons under homœopathic treatment are particularly cautioned against taking herb-tea, senna, salts, castor-oil, pills, or other allopathic drugs, and using leeches, blisters, etc. These things disturb and annoy the patient, if they do not prove positively injurious. The extent to which patent drugs, declared to be potent to cure nearly every disease, are now advertised and sold in every part of the country, doing an incalculable amount of injury, by causing irritation or inflammation of the delicate lining of the alimentary canal, and lowering the tone of the digestive organs, seems to justify this caution. Religious and general periodical publications teem with these advertisements, and by giving a virtual assent to the efficacy of the drugs they advertise are lending themselves to the propagation of unprincipled quackery and its attendant evils. But the love of gain, alas! too often overrides all other considerations, even in those with whom higher motives might be supposed to prevail.

**GENERAL DIRECTIONS.**—Patients are recommended to sponge themselves all over quickly in cold water, and thoroughly dry themselves with a large coarse towel or sheet every morning on rising. During the monthly period, tepid water may be substituted for cold, if the latter is found to disturb the healthy function. The bidet or hip-bath, described in the next Section, is strongly recommended for general adoption. Patients should also, if possible, take moderate exercise daily in the open air; or, when the weather is unsuitable, in well-lighted and properly-ventilated rooms. They should abstain from undue indulgence in any passion, and guard against all excessive emotions, such as grief, care, anger, etc. The active requirements of the

household, as well as its cares and anxieties, should be controlled and moderated so as not to overtax the body or overburden the mind. And lastly, the excellent and healthy habit should be formed of going to bed, and rising, *early*.

These hints are of vital importance, alike for those under treatment and for all others who desire the inestimable blessing of a healthy long life.

#### 4.—THE BIDET OR HIP-BATH

A hip-bath may be procured of any respectable iron-monger; but in its absence any wide vessel about twelve inches deep will answer the purpose. Having poured water into the bath to the depth of five or six inches, removed the nightdress as far down as the waist, and tied the hair back, the lady should lave the entire face and hands with the water; then soap the hands well, and rub the face, neck, chest, and arms; and immediately afterwards bathe these parts with a sponge squeezed out of the water, drying rapidly by means of a large towel. Then, after throwing a covering over her shoulders and back, and removing the dress from the lower part of her body, she should sit down in the water, her feet resting on a warm mat, and being covered, together with her knees and legs, with a rug or flannel petticoat. Whilst in this position she should rub the abdomen and loins with her wet hand or with a bath-glove. Having sat a sufficient time in the bath, she should stand up in it for a moment, and sponge the feet and legs, and then stepping out on to the warm mat, at once commence drying herself by means of a bath-sheet thrown over the shoulders, and using brisk friction till the whole body is in a comfortable glow, when dressing should not be delayed



an instant. After the bath, she should take active exercise, if possible in the open air, to promote reaction and render it lasting.

*Temperature of Water and Duration of Bath.*—When the bath is used as a *derivative* it may be taken at first tepid, or a little under that temperature, and be always prolonged from ten to twenty minutes; but when it is used as a *tonic*, or as a means of maintaining the system in health, it must be taken cold, and not longer than from two to ten minutes.

If the reader is unaccustomed to a morning bath such as that just recommended, and especially if weakly, she may not at first be able to bear the water cold, and should commence by using water at about seventy degrees, gradually reducing the temperature for three or four mornings, after which, in nearly every case, she will be able to use it cold. The use of cold water every morning on rising from bed, in the manner just pointed out, will wonderfully contribute to health of body and cheerfulness of spirits. During menstruation, it is not always necessary to suspend the bathing, but tepid water may be used, if cold injuriously affects the discharge.

*Precaution.*—In the use of the cold bath it should be remembered that the water is very likely to be colder in winter than in summer, and that consequently there may be greater difference between its temperature and that of the blood. This difference should be tested by a thermometer. If the temperature of the water be found to be below 64° Fahr., it should be raised by the addition of a little hot water. Inattention to this matter may be followed by disagreeable sensations, or by a slight attack of muscular rheumatism.

*Addition of Sea-Salt to the Bath.*—If sea-salt be added in such quantity to a bath that the mineral ingredient

is about equal to that contained in salt water, the bath will be found far more efficacious in many cases than a simple fresh-water one, on account of the stimulus imparted to the skin by the saline matter which it holds in solution. Another advantage resulting from the addition of salt is, that it tends to prevent the chill which fresh water sometimes gives rise to, and so enables persons of feeble circulation—weak heart and pulse, and cold hands and feet—to use cold bathing who could not otherwise do so. Sea-salt<sup>1</sup> can now be very generally and cheaply obtained, and thus persons residing at a distance from the coast may enjoy the advantage and luxury of a salt-water bath. In the absence of sea-salt, a handful of bay-salt, or of common salt, may be added to the water.

*Bath-Sheets.*—These form a very necessary appendix to the bath-room. They may be procured from most drapers' establishments for from eight to twelve shillings, according to size. If only a towel is used, much vital heat necessarily passes off during the exposure, and the benefit of the bath is often lost from inattention to this point alone. A sheet thrown over the whole body prevents the too rapid radiation of heat from the surface, and aids reaction.

*The process should be quickly performed.* The bath should be taken quickly, and contact with the water boldly encountered, as it is the *shock* thus given which does so much good, by imparting tone and health to the nervous system. The entire process, including the drying, should be performed by the patient herself, as the exercise renders the reaction more complete and lasting; but a weakly person should have an assistant to rub her back whilst she herself rubs the front portion of her body. When assistance

<sup>1</sup> "Worcestershire Brine Crystals" and "Tidman's Sea-salt" are convenient forms of this.



is needed, a person of robust constitution should be employed as a shampooer.

The universal adoption of such a bath as we have described would prevent many of the nervous, fancied, and real ailments of invalids, secure large exemption from skin affections, and remove the excessive sensibility to cold and disease that often dims the sunshine of life, and cripples the efforts of many who would gladly be usefully employed. Probably there is no hygienic habit inculcated in this volume commensurate in value to the cold bath; and although it is much neglected by the illiterate and the poor, we are glad to know that it is now largely and increasingly adopted by the intelligent and well-to-do classes. If the Author's labours in the production of this book lead to no other result than the habitual and extended use of the morning bath, he will not have laboured in vain.

### 5.—SPINAL HOT-WATER AND ICE-BAGS

In many female derangements, in conjunction with appropriate remedies, the spinal hot-water bag is of great advantage in Menorrhagia, Dysmenorrhœa, and also for the relief of pelvic distress arising during the course of uterine or ovarian disease. In many cases of profuse menstruation, especially in patients of relaxed muscular tissue, or in those suffering from the effects of imperfect involution of the uterus, the application of a ten-inch spinal-bag, filled with water of the temperature of about 110° Fahr., to the lower part of the spine, is a powerful help in arresting the excessive loss. The bag should be worn for not less than two hours at a time. In cases of Dysmenorrhœa, especially if they are of inflammatory or congestive origin, suffering is often greatly mitigated by wearing the hot-water spinal-bag

for two hours at a time at intervals through the day. It is equally applicable and beneficial to patients with pain in the back, above the pubes, over the ovaries, or along the margin of the false ribs, in ovarian or uterine disease. "The treatment of uterine diseases by the application of cold to the spine, best effected by means of ice-bags, requires to be carried out with greater caution than does that by means of the spinal hot-water bag. The latter, injudiciously applied, may aggravate suffering or be altogether useless, but is not likely to be decidedly injurious. The ice-bag, however, may, without doubt, if used in unsuitable cases, prove exceedingly so. The ice-bag is useful, 1st, In certain cases of Amenorrhœa in which the cold hip-bath is not suitable; 2ndly, In relieving the sickness of pregnancy; 3rdly, In certain forms of disease in which severe pelvic and lumbar pains are experienced, together with, and apparently depending on, the condition known as Spinal Irritation" (*Dr. L. Atthill*). It should, in the first instance, be used only fifteen minutes at a time. If well borne, its application should be prolonged, but it is better to carry out this treatment by repeated applications of the ice-bag made at intervals of some hours than by prolonged applications made once or twice a day. In pregnancy, great caution is necessary, when only a moderate use of the ice-bag is recommended.

## HOMŒOPATHIC DIETARY

IN the early days of Homœopathy particular rules were laid down as to the avoidance of foods which were in themselves possessed of medicinal or drug-like properties, especially such as were antidotal to certain homœopathic remedies. Among these may be mentioned coffee, tea and wines, which were to be avoided when remedies to which these are antidotal are prescribed. It was to obviate this contingency that the use of cocoa as a beverage became popular with homœopaths. We are not so strict nowadays, but strong tea and coffee and very hot drinks of all descriptions should certainly be barred from the dietary of patients under homœopathic treatment, and in acute affections, such as fevers and inflammations, water is the only safe drink. It may be hot—but not too hot—if the patient cannot tolerate cold drinks.

Great attention has been concentrated on the Art of Feeding Scientifically during recent years, and as woman is largely responsible for her offspring as well as for herself the question is one which concerns her in a double sense. Therefore it is fitting that a "Ladies' Manual" should have some space devoted to the practical outcome of the most recent researches in this line.

In these days one cannot speak of diets without some mention of "Vitamins." Vitamins are living powers residing in the foods we eat. They are not material at all, and no one has ever seen a Vitamin. They are, as a matter of fact, inferences only, deduced from experimental feeding, chiefly



of rats, and named "A," "B," "C," "D," "E," and other letters of the alphabet as new observations are made and new classifications are required. For those who are curious in these matters the book by Dr. and Mrs. Plimmer, "Food, Health, Vitamins" (Longmans), may be consulted with profit.

The main conclusions of the Vitamin Doctrine do not differ materially from the teachings of experience in the past. The need for the new analysis arises from the greater artificiality in modern life and in the artificial methods of preserving and preparing foodstuffs in vogue at present. Vitamins are life principles, and when living substances like fruits, salads, milk, eggs, etc., are eaten uncooked, the life of the foods is transferred direct to the life of the person who consumes them. It follows that food which can be eaten uncooked is to be preferred to cooked food, and fresh fruit and vegetables are better than fruit and vegetables preserved in tins or bottles. On the other hand, great improvement in the methods of canning and preserving foods has been effected of late, so that their vital value is little if anything impaired.

A grain of wheat is a very beautiful thing. It is also an almost perfect form of human food. But "scientific" milling has succeeded in depriving this piece of Nature's perfection of its outer covering of bran and its vital germ in the production of the flour of which our white bread is made. Hence the growing demand for wholemeal breads at the present time. But the deficiency can be rectified more simply by *making bran itself a regular article of diet*. A perfectly clean bran—"Broad Bran" is the best—can be obtained from the corn chandlers or millers, and this can be eaten with porridge, mixed with puddings, made into cakes and biscuits, and used with advantage in an infinite number of ways.

*Bran Porridge* can be made by mixing bran and coarse oatmeal in equal proportions by weight, that is about three parts bran in bulk to one part oatmeal. This should be cooked for three minutes only, and can be taken in exactly the same way as ordinary oatmeal porridge.

*Bran Tea* is another useful preparation. It is made in this way: Four tablespoonfuls of bran, a little brown sugar or black treacle, and a large tumblerful of water. Boil five minutes and strain. A slice of lemon may be added if desired. This can be taken hot or cold at bedtime or any other time. These prescriptions I learned from my friend, Mr. Ellis Barker, whose book, "Good Health and Happiness" (Murray), has a good deal to say about the virtues of bran.

The value of bran as a food element in the dietary of girls and women cannot easily be exaggerated. It contains iron and salts needed in the development of blood, bones and teeth, as well as supplying the "roughage" needed to give bulk to the bowel contents and so stimulate their action. How important is the regular excretion of the bowels needs no insisting on. This can generally be attained by proper feeding and regular habits, and when these are insufficient, homœopathic remedies will usually do the rest. In this way life-long trouble can often be avoided for the future mothers of the race. It is to be feared that boarding-schools have much to answer for in this respect. Either through lack of facilities or indolence on the part of the girls, they will go for days without having an action, and then the routine of purgatives has to be resorted to, with all their attendant train of evils.

Sir Arbuthnot Lane has told us times without number that chronic constipation is responsible for the diseases of women and for the existence of the gynecologist. There is



much truth in that statement. Many diseases are undoubtedly caused by chronic constipation, and every disease without exception is aggravated by that evil. Constipation means not merely stagnation of the bowel contents. Stagnant food, and especially stagnant animal food, is apt to putrefy, creating poisons. The bowel walls, like our teeth, are weakened by faulty feeding, and they are apt to become injured by the use of powerful laxatives and purgatives, and then the poisons readily pass into the bloodstream. The best way to regulate the bowels consists of course in a diet which stimulates their activity, a diet which contains plenty of roughage and raw stuff. Those who live on coarse wholemeal bread, use wholemeal flour in the cooking, take plenty of raw food and salading and adequate liquid, particularly water, rarely suffer from bowel stagnation. Insufficient liquid naturally leads to the excretions becoming solid. The bowel is very capacious. It wants to be well filled with roughage to stimulate it into activity. The health of a house depends on its drainage. Unless the drainage of our body is thoroughly efficient, the bodily edifice, like the human habitation, becomes unwholesome.

Many girls and grown-up women suffer from anæmia. Particularly those who live in towns are troubled with this complaint. Iron in the chemical form, as usually given by allopaths, is bad for the teeth, injurious to the stomach and constipating. Among the foodstuffs richest in iron are greens, particularly spinach, bitter vegetables of every kind, yolks of eggs, the outside of grain furnished by wholemeal bread and bran. It is better to supply the missing iron by foodstuffs than by chemicals.

There is an old saying: "Every baby costs its mother a tooth." Nature is determined to give the baby the first

chance. In order to supply the coming baby with lime and phosphorus the bones and teeth of the mother are drawn upon mercilessly. The mother who wishes to keep her teeth and to give the baby the best chance will do well to live on a diet rich in vitamins before the baby is born. She should eat plenty of raw fruit, salading, wholemeal bread, milk, butter, etc., and she should keep her bowels in perfect order without using purgatives. Bowels should certainly be emptied once a day, and if possible two or three times a day. Babies and children should be taught to do likewise. An anæmic child is nearly always a faultily fed and a constipated child.

The troubles of girls at period time are often caused by constipation, which in turn is due to faulty feeding. Among primitive races, we find very little trouble at menstrual periods and in childbirth. The natural processes take place naturally, easily and painlessly. Inner cleanliness is more important than outer cleanliness, and the health of our bodies depends on the food we eat.

Child-bearing is often made painful and dangerous through faulty feeding. Regular habits become difficult when the internal organs are displaced and pressed upon by the growing child. Still, regularity can, as a rule, be maintained without artificial assistance if wisely selected natural food-stuffs are habitually taken. Wholemeal flour and bran are wonderful health-builders, energisers, and are truly tonic foods.

The change of life is a perfectly natural process which ought to be painless or practically painless. Wise nutrition at that time of life greatly facilitates the change and robs it of its terrors. Profuse and scanty menstruation, painful menstruation, piles, varicose veins, and many other troubles peculiar to women depend largely on the want of a pure

bloodstream and an active bowel. It is a well known fact that many troubles of the female breast are due to chronic constipation and self-poisoning. Hardened, swollen, painful or suppurating breasts very frequently become normal when bowel activity has been regulated and heating foods replaced by cooling and blood purifying ones. Where there is delay in the bowel heating foods are most undesirable. Many of the chronically constipated improve wonderfully in health when flesh, fish, and fowl have been greatly reduced or have been abandoned altogether. Of course, flesh and fish must be replaced by body-building foods, among which milk, eggs, cheese, nuts and almonds stand foremost. Milk is liquid beef, and cheese and butter are milk in a modified form, while eggs may be described as concentrated chicken.<sup>1</sup>

<sup>1</sup> Those persons who require fuller instructions for their guidance, may find them in the volume we referred to, the author's "Essentials of Diet; or, Hints on Food in Health and Disease."

## CHAPTER III

### MENSTRUATION

#### 6.—PUBERTY

PUBERTY is the period in which the general development and growth of the female have so far advanced as to render her capable of bearing children.

“The infancy of the girl does not differ essentially from that of the boy. There is, perhaps, a touch of softness, of delicacy, and of pliability in her organisation, that are half-way distinctive; but in general terms they are identical. Their looks, habits, tastes, and predispositions are the same. They grow and thrive upon the same food, in the same schoolroom or nursery, and are full of sympathetic relations, but without the passions and propensities of after life. They are subject to the same diseases, which are curable by the same treatment; and they occupy a like place in the esteem of the family, the friends, and the general community. But time works wonderful changes in the young girl. For it gives a more decided tone to the delicate and the almost imperceptible shades of difference between her and her male companion. Her individuality begins to assert itself; her tastes and inclinations are changed, and she becomes shy and taciturn, or forward and capricious. She is timid and reserved, but sensitive, confiding, and tender-hearted. The womanly traits are soon evolved and matured, and she is no longer the non-sexual creature that she was before her emotional and physical natures were so wonderfully developed.”—*Ludlam*.



## P U B E R T Y

### External Signs of Puberty

At the approach of puberty a striking change is effected in the general system. The pelvis, although far from being yet mature, enlarges, and takes on its distinctive

sexual character; the breasts become rounded and full, and establish their connection and sympathy with the womb; the chest, throat, arms, and, indeed, the whole body, acquire the contour of a more mature development; the hair grows more luxuriantly; the skin becomes fresh and blooming, the voice full and mellow; and the whole figure assumes that elegance and symmetry, the complexion that bloom of health and beauty, and each feature and action that play of intellect and emotion, and that indescribable gracefulness of action, which are to be found in woman alone.

This combination of attractions which marks the epoch of puberty is no doubt designed to subserve the purpose of alluring the opposite sex, and so securing one great object for which the female was created—the reproduction of the species.

Corresponding with the external changes coincident with puberty are internal ones, occurring especially in the ovaries and uterus, which now become fully developed, both as to size and activity. In short, the woman has now, as a rule, acquired the power to conceive.

The mind, too, at this period, grows rapidly: the mental capacity enlarges, the imagination becomes more vivid, and the nervous system exhibits a heightened sensibility.

### Maternal Instruction

As puberty advances, no mother should neglect to teach her daughter to expect the change which is about to take place, so that the first appearance of the menstrual flow may neither be arrested by the alarm naturally felt at something hitherto inexperienced or unknown, nor by the dangerous applica-



tions to which in her ignorance she may otherwise secretly resort. Some young women view the development of this function with such disgust, that they expose themselves carelessly or purposely during the period to cold and wet, or use cold baths or other means of suppression, and thus finally bring on disordered menstruation and permanent ill-health. Many such cases have occurred within our own experience.

### 7.—THE FUNCTION OF MENSTRUATION

The menstrual function, which is variously termed menses, periods, catamenia, or courses, is one of the most important functions of the female organisation, and constitutes a real monthly crisis. It consists of an exudation of sanguineous fluid, chiefly from the body of the uterus, the average quantity being from four to six ounces at each period, and is attended by a congested state of the uterus, ovaries, and contiguous organs. Although the discharge proceeds from the uterus, the function depends on the ovaries from the stimulus necessary for its first appearance, for its regular recurrence, and for its due performance. The course of the menses recurs, in the majority of instances, every twenty-eighth day, the very day on which it had appeared four weeks previously. The duration of a menstrual period varies in different persons, the most common and normal being about four days.

The menstrual fluid is eliminated from the uterine vessels, and is considered by some as a true secretion, and by others as a discharge of pure blood. The latter opinion is the correct one. The discharge is blood, and not a mere secretion. It is prevented from coagulating by being blended with the acid secretion of the uterus and vagina. The addition of a small

quantity of acetic, phosphoric, or of almost any acid to ordinary blood, will prevent its coagulation, and render it similar in its properties and appearance to menstrual blood. In cases, however, in which the discharge is so profuse that a portion of its coagulating constituent—the *fibrin*—escapes without intermixture with the acid secretion, clots are formed. Thus it appears that true menstrual blood, uncombined with the normally acid uterine and vaginal secretion, is like ordinary blood, and equally capable of coagulation; but that being immediately blended with this acid secretion, it is enabled to pass off in an uninterrupted course. And here may be observed one of those wise and beneficent contrivances of the Creator and Preserver of all, which so frequently excite the wonder and admiration of the physiologist. If no such acid solvent as that of the vagina existed, the coagulated menstrual blood would, in consequence of its consistency, be prevented from passing along the vaginal canal, and would thus become a mass of putrid matter, entailing consequences which would be fearful in the extreme.

Two ends seem to be especially secured by this function:—1st, the relief of the general system, by the discharge of the superabundant blood which during pregnancy is appropriated to the formation and growth of the foetus; 2nd, a vicarious satisfaction of the sexual instinct, thus shielding female chastity. The modern doctrine, however, is that menstruation takes place when the ovum, not having been impregnated, undergoes degeneration, and is cast off with an escape of blood from the congested uterus in sufficient quantity to relieve the congestion.

FIRST MENSTRUATION.—In this country the most common time for the occurrence of the first menstruation is from

the fourteenth to the sixteenth year, although the age is liable to considerable variations. In hot climates it commences at an earlier, and in cold climates at a more advanced age. The occurrence of menstruation in this country, one or two, or even three years earlier than the fourteenth year, or as much later than the sixteenth, is not sufficiently uncommon to justify any medical interference when the health is otherwise good. Menstruation commences earlier in cities and large towns than in the country. It also occurs in the daughters of the rich—who have every comfort and luxury, everything which enervates and relaxes, or excites—at least nine months before it does in those of the industrious classes of the community in the most comfortable circumstances; and full fourteen months, on the average, before it appears in the poorest classes. Its earlier occurrence among the well-to-do classes, and later among the poorest, its scantiness among women in the savage state, and its entire absence among the lower mammals, seem to indicate that the function may be due to enervation incident to civic life and a highly artificial state of society, and not to any actual necessity of the organism.

It is satisfactorily established, that in every country and climate the period of the first menstruation may be retarded, in very many cases much beyond the average age, often without producing ill-health or other inconvenience. Indeed, the longer it can be postponed the less will be the draught on the vascular and nervous energy which are essential to the consideration of the functions of nutrition and growth. And it should be borne in mind that the premature accession of menstruation is almost certain to be followed by the early disappearance of the function. Probably the most successful mode of managing young ladies is to bring them as far towards the perfection of womanhood as possible



before the appearance of the menses, at least until the fourteenth or fifteenth year. With this object in view, the following suggestions are offered.

**HINTS FOR PREVENTING TOO EARLY MENSTRUATION.**—The use of hot baths, especially with the addition of mustard, should be avoided; also indulgence in the use of hot, spiced, and stimulating food and drinks; living in overheated or badly ventilated rooms, excessive dancing, excitement from novel-reading, too much sitting, and late hours: such habits and indulgences tend to occasion precocious, frequent, copious, or irregular menstruation.

The education and general habits of our present social condition too frequently produce such a pressure upon life that its successive stages are hurried through, and the tastes and peculiarities of one period are anticipated in that which should precede it. Thus, mere boys in age and physical development become young men, and girls young women, before they leave school. Such is the precociousness which the habits and fashions of the present generation engender.

On the other hand, regular healthy occupation of both the body and the mind; the daily use of cold baths, or cold sponging over the entire surface of the body; free exercise in the open air; cool, well-ventilated rooms; plain, digestive diet, and abstinence from hot tea, coffee, and alcoholic stimulants, tend to the healthy and highest development of the female form and constitution.

**SUDDEN MENSTRUATION.**—It is not always, however, that this function advances gradually and in harmony with the changes described. Menstruation may occur for the first time prematurely, and be caused by a severe fall, violent jumping, great mental emotion, etc. In such cases there may be a considerable flow, amounting in some

instances to absolute flooding, and lasting for several days. It is important that these facts should be known by mothers, so that in sudden and extreme instances they may not only maintain their own composure, and inspire it in others, but efficiently carry out the following important—

TREATMENT.—A few doses of *Aconitum*, if resulting from mental emotions, or of *Arnica*, if occasioned by injury or severe physical exertion, together with rest in the recumbent posture, light covering, a cool and well-ventilated apartment, and cool drinks, will often be sufficient to modify the discharge; but if they should not do so, they will at least suitably precede the application of the more detailed treatment suggested in subsequent parts of the Manual, and prepare the way for the attendance of a homœopathic practitioner if required.

In other cases, the occurrence of the menses may be long delayed, and the delay attended with excessive languor, drowsiness, periodic sickness, fretfulness, irritability or frequent change of temper, violent pain in the head or along the spine and in the region of the bowels, a feeling of weight or fulness in the pelvic region, with bearing-down or dragging sensation, tenderness or heat; and these symptoms may alternate with feverish reaction, with nervous symptoms, or even with spasms. The local symptoms, and their periodicity, are the most characteristic.

The establishment of menstruation is sometimes accompanied by derangements of the venous, digestive, or lymphatic systems, and unless these are successfully treated at this period they may be present, in a greater or less degree, during every subsequent recurrence of the menstrual discharge.

If the catamenial function be well and healthily established, new impulses will be given to every nerve



and organ, and the system will acquire superior forces for resisting influences adverse to health. But carelessness, or constitutional delicacy, may render this period extremely dangerous by the propagation of new forms of disease, or by the development of any latent germs of disorder which have existed from birth. Hence the first appearance of the menses should be looked for with some care and anxiety on the part of the mother or guardian, and when it is long retarded, the general health disturbed, and the remedies suggested in this work appear inoperative in developing the desired change, professional advice should be sought without delay. False delicacy and improper treatment have needlessly undermined the health of thousands.

The mother should, for some months at least, keep an account of dates and other particulars, and prevent all unusual exposure for a few days before the expected flow, such as to night air, damp linen, thin dresses, wet feet, balls, and evening entertainments. When the function has once become healthily established, it is satisfactory to know that extreme precautions need no longer be observed.

#### 8.—DELAY OF THE FIRST MENSTRUATION (*Amenorrhœa*)

DEFINITION.—The term *Amenorrhœa* is used to describe absence of the menstrual discharge, and is usually considered under three divisions,—namely, (1) *Emansio mensium*, a delay of the menses, although the person has attained the proper age; (2) *Suppressio mensium*, in which they have appeared, but, as the consequence of cold or some other cause, are arrested; and (3) *Retentio mensium*, in which they accumulate in the uterus and vagina, from what is technically termed *imperforate hymen*; or more frequently, from occlusion of the vagina by the healing of

ulcers, in consequence of sloughing after difficult labours. This condition usually requires surgical measures for its relief.

This Section is devoted to the first form, or *Delayed menstruation*. As before stated, the period at which the "change" first takes place varies in different constitutions, climates, and under different circumstances, and no active medicinal means should be used so long as the health continues good. *Emmenagogues, or forcing medicines, such as herb-tea, and other allopathic expedients, must be entirely and imperatively eschewed.*

SYMPTOMS.—When all the external signs of womanhood have appeared, but without menstruation, there are aching, fulness and heaviness of the head, bleeding from the nose, palpitation of the heart, shortness of breath on slight exertion, weariness of the limbs, pains in the small-of-the-back, in the lower part of the bowels, and down the inside of the thighs—and these symptoms may be regarded as so many indications that nature is seeking to establish this important function, and that the administration of one or more of the following medicines according to the indications present may be called for.

CAUSES.—It is important, first of all, that the cause should, if possible, be definitely ascertained. The immediate cause is probably an inability of the nervous centres to stimulate the ovaries. Delay of the menses from this cause rarely occurs in healthy and vigorous persons, but usually follows as a consequence of *original delicacy of constitution*, or of some long-standing affection. The very common notion that a patient suffers because she does not menstruate is very fallacious. Except in *Retentio mensium*, the patient does not suffer from an accumulation. Hence the impropriety of giving forcing medicines, which is fre-

quently done, often to the permanent injury of the, as yet, imperfectly developed organs. We have known instances of extreme periodic suffering, continued for many years, traceable to this injudicious treatment. In many cases, too, it will be found that the disturbances supposed to be due to delayed menstruation really arise from the patient having taken too little, or innutritious food, or from her habits having been too sedentary or artificial, or from too little out-of-door air and exercise; or, in brief, from her being subjected to influences inimical to her general good health, during a critical period of her physical development.

Tardy menstruation is especially significant in those girls who are predisposed to any form of Consumption. In this class of persons it implies a depraved habit of body in which the menses may not appear at all, or in which a vicarious flow of blood is very apt to take place from one or another of the mucous surfaces, more especially from those which line the respiratory passages. If the young girl who has not menstruated, although she may be fourteen or fifteen years of age, has a cough or difficulty of breathing, a sore throat, hoarseness, or pain in her side, it should be taken as a symptom of ill-health, and measures immediately instituted for its relief. The quaint old rule should, however, not be lost sight of: "She is not sick because she does not menstruate, but she does not menstruate because she is sick."—*Ludlam*.

TREATMENT.—If no congenital deformity or mechanical obstruction exist, the delay being evidently due to constitutional causes, one of the following remedies, the most important of which are *Cyclamen*, *Ferrum*, *Pulsatilla*, and *Sepia*, together with the accessory measures afterwards referred to, may be expected to be successful.



EPITOME OF MEDICINAL TREATMENT.—

1. *For the Constitutional Condition*.—Calc.-C., Calc.-Phos., Cycl., Ferr., Phos., Sep., Sulph.
2. *For Indigestion*.—Bry., Lyc., Nux, Puls., Sulph.
3. *Consumptive Tendency*.—Calc.-Phos., Phos.
4. *Anæmic Patients*.—China, Ferr., Helon., Nat.-M.
5. *Various other Conditions*.—Acon. (*disturbed circulation*); Bell., Sep. (*Headache*); Cim. (*pain in left side; rheumatic tendency*).

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Arsenicum*.—Poor appetite; great prostration and emaciation; swelling of the ankles, feet, or face, and corrosive leucorrhœa.

*Bryonia*.—Bleeding from the nose, or spitting of blood instead of the menstrual discharge; hard, dry cough, stitches in the chest, constipation, and muscular rheumatism.

*Calcarea Carb.*—Scrofulous constitution, chronic indigestion, milky leucorrhœa, glandular swellings of the neck, vertigo, chronic headache, cold extremities, and cough, worse in the morning, are symptoms often present in cases requiring this remedy.

*Cimicifuga*.—Deficient nervous energy in the ovaries with excess in other organs, manifested by extreme nervousness, hysteria, heavy headache, restlessness, sleeplessness, “sinking” sensation, chorea, pain under the left breast, and in the left side generally, and rheumatic pains.

*Conium*.—This medicine is particularly suitable for women with tight, rigid fibres, and who are easily excited. Pain or swelling in the ovaries, with leucorrhœa of a white, acrid character, are strong indications for this remedy.

*Ferrum*.—Debility, languor, palpitation, indigestion, sometimes *Leucorrhœa*, sickly complexion, puffiness of the



face or ankles, and other anæmic and chlorotic symptoms. (See the Section on "Chlorosis.")

*Iodine*.—Scrofulous patients, with *enlarged glands* and a lymphatic constitution, corrosive leucorrhœa, and feeling of much weakness on going upstairs.

*Nux Vomica*.—Congestive *morning headache*, constipation, frequent acute indigestion, *spasms*, etc. *Nux V.* is suited to patients of dark complexion, energetic, vehement, and irritable disposition, and to those who take *too little out-of-door exercise*.

*Phosphorus*.—For delicate constitutions, with *sensitive lungs*, and a predisposition to disease of those organs. Sometimes, in such cases, instead of the menstrual discharge, expectoration of blood in small quantities occurs, with *cough*, and pains in the regions of the chest.

*Pulsatilla*.—Pains in the abdomen and across the back; hysterical symptoms, alternate laughing and crying, nausea and vomiting, palpitation of the heart, indigestion, and loss of appetite; Anæmia—*Puls.* is chiefly suitable for patients of light complexion, fair hair, and timid, easily vexed, yet uncomplaining dispositions.

*Senecio*.—This remedy, administered during the intermenstrual periods, has proved eminently successful, and seems to possess alike the power to restore the secretion when suppressed, of augmenting it when deficient, and of diminishing it when excessive, as also of alleviating the pains of Dysmenorrhœa. It may be stated to act as a *uterine tonic*, invigorating the catamenial function, and restoring equilibrium of action.

*Sepia*.—Delay of the period in persons at the proper age (from venous congestion), with distention or pain in the abdomen, giddiness, *nervous headache*, easily-flushed face, fine *sensitive skin*; retiring, melancholic disposition.

*Sulphur*.—*Scrofulous patients*, troubled with Leucorrhœa, and itching of the genital organs.

*Veratrum*.—Cold hands and feet; hysteric and *fainting fits*; nausea, vomiting, and *tendency to diarrhœa*.

ADMINISTRATION.—The selected remedy may be administered in the morning on rising, one or two hours before dinner, and on retiring to bed. When the symptoms are urgent, every one, two, or four hours. In chronic cases, morning and night.

ACCESSORY TREATMENT.—The feet should be kept warm and dry, and *comfort*, rather than *fashion*, should determine the entire clothing arrangements. Delayed menstruation is often the consequence of exposure to cold, or defective circulation in the surface, which warm clothing would obviate. It is especially necessary that the abdomen be kept warm; the necessity for wearing *drawers*, to protect it from cold, must, therefore, be obvious. Too studious and sedentary habits should be corrected; exercise taken out-of-doors, particularly in the morning, including walking, running, and the games of skipping-rope, battledore and shuttlecock, trundling the hoop, etc., as they are powerful auxiliaries in obtaining health of body and vigour of mind. These exercises are likely to be yet more efficacious if practised in the country, on a dry, sandy soil, and in pure and bracing air. If pleasant company can be added to the charms afforded by diversity of scene, the advantages will be still greater. All these means should be aided by a carefully selected nourishing diet, taken at regular hours, three times a day, consisting of easily digestible food, in due proportions from the animal and vegetable kingdoms. All made dishes, high seasoning, spices, etc., should be especially avoided; also, except in great moderation, the use of tea and coffee.

THE COLD SITZ-BATH.—In Amenorrhœa this is a powerful means of stimulating the menstrual function, but is not advisable when the patient is very feeble, or anæmic, or when there is reason to suspect constitutional disease as the cause of the dormant function.

The patient should sit in a hip-bath containing water at a temperature of  $50^{\circ}$  to  $60^{\circ}$ , sufficient to cover the hips, the legs and feet being not immersed, but kept warm by means of flannel wraps, or a hot foot-bottle or bath; the shoulders also being covered. The bath should be taken at bedtime, and last from five to fifteen minutes, gradually increasing the time as the patient can bear it. On leaving the bath, the patient should be well rubbed with a bath-sheet or large towel till warm, and instantly retire to bed. If chilly, a hot-water bottle may be applied to the feet. But should she remain uncomfortable, the bath should be discontinued, or given for a very short period. In suitable cases it may be continued every night for a week or two. The spinal ice-bag is also a valuable accessory.

AMENORRHŒA AND GENERAL ILL-HEALTH.—It is most important, as may be inferred from preceding observations, to recognise the connection, as cause and effect, between general deranged health and the absence of menstruation. The function of menstruation, like the other functions of the body, is best performed when the system is in health. Now health is not promoted by redundancy or excessive action, any more than by debility or enfeebled action; consequently, the administration of stimulants will rarely hasten the menstrual function, even in cases of debility, unless attention be paid to the restoration of the general health of the patient.

With these views we have prescribed *Pulsatilla*, *Ferrum*, *Phosphorus*, *Cimicifuga*, etc., not as mere *emmenagogues*,



but rather as efficient and well-tried agents for aiding in the removal of that defect in the health, or general functional inactivity of the body, which is the real cause of the evil. The experience of all homœopathic physicians proves that the first effect of our treatment in cases of delayed menstruation is the improvement of the general health and spirits of the patient, the Amenorrhœa at length disappearing as evidence that the cure is complete.

CAUTION.—Here let it be observed, once for all, that the attempt to remedy *any* defect in menstruation by spirits, decoctions of herbs, by the pills which are procured with such fatal facility at druggists' shops, or by any so-called emmenagogues, deserves the strongest reprehension. The practice is fraught with life-long danger to the system, and is therefore to be emphatically condemned. Unless it be abandoned, the patient must be prepared for an ultimate increase in the very sufferings from which she thus vainly seeks relief.

MARRIAGE AND AMENORRHŒA.—A suggestion may here be offered concerning cases in which the menses have been delayed years beyond the usual period, and for which marriage has been recommended as a cure. Under certain conditions, this step is sometimes successful, such cases having occurred within the author's observations. But before such a course is adopted, a professional opinion, carefully formed, should be taken; for should the general health be at fault, as is often the case, or the sexual organs be imperfectly developed, disappointment will inevitably follow

#### 9.—SUPPRESSION OF THE MENSES (*Amenorrhœa*)

When the menstrual flow has been fairly established as part of the economy, it is yet liable to be suppressed, or to



be greatly diminished. It is necessary to distinguish between *suppression* and *retention*. The former indicates its arrest from non-secretion of the catamenial fluid; the latter that, although secreted into the uterine cavity, there is some obstruction to its escape.

CAUSES.—Suppression may arise from a physiological cause, such as pregnancy; frequently, however, it is the consequence of weakness from sedentary, indoor occupations, combined with want of fresh air and sufficient rest; excessive loss of blood; chronic and acute diseases; sexual excesses; and mechanical obstructions; or it may occur suddenly, during the flow, from exposure to cold and damp, such as getting the feet wet, sitting on the ground, eating ices, violent emotions—anger, terror, fright, etc.—or from any other cause which abruptly shocks the system. Suppression, for two or three periods, without pregnancy, sometimes occurs after marriage, simply as the consequence of excessive excitement. Wearing *thin-soled shoes* is a fruitful source of the decay of female beauty, and the decline of female health; injury from tight-lacing, although considerable, being nothing in comparison with that resulting from the fatal habit of wearing thin-soled shoes in all kinds of weather. Dr. Graley Hewitt has often known the menstrual discharge to be suspended for one or two periods, in women who have gone to reside in a house with uncarpeted stone staircases, their previous residence having had a wooden staircase. Many girls are apt to have a “check” from the slightest chill or exposure during the monthly period. Sea-bathing during the period is a frequent cause of suppression, along with severe derangement of the general health. Happily, the effects of some at least of these causes may be diminished by the frequency of their occurrence. Habit blunts the system and its functions to many of the injurious

impressions to which they are exposed, and women accustomed to bathe may often go into the sea during menstruation with perfect impunity. *Sudden suppression* during the period often occasions the most acute suffering, and may develop alarming symptoms in the nervous or circulatory systems, or in both; but *chronic suppression* is far more serious, as it points to a deeper constitutional cause. In Anæmia, Amenorrhœa is a prominent symptom, attended with pain in the back, lassitude, headache, depraved taste, deficient appetite, furred tongue, and constipation. Such cases occur commonly among poor, hard-worked women in the close quarters of towns. We have frequently observed, among the early symptoms of Consumption occurring in girls and women, that there has been at first a scanty menstrual discharge; and that, as the constitutional disease has advanced, the suppression has become complete. In such cases as these, it is most undesirable to attempt to restore the function by any stimulating drugs whatever. The attempt would be vain, and the result disastrous. The suppression of menstruation is not the cause of ill-health, but ill-health is the cause of the suppression, and it is the primary malady that must be attended to. Country air, early hours, and generous diet will do more than any emmenagogue.

A *sea voyage* is very apt to occasion in some women suppression of the menses. A very large proportion of the emigrant girls who arrive in New York, after having been on ship-board for some weeks, suffer from Amenorrhœa. Indeed, a sea voyage is sometimes an excellent remedy for excessive menstruation (*Menorrhagia*).

TREATMENT.—In most cases of sudden suppression, if attended with pain and febrile symptoms, *Aconitum* will be the most appropriate remedy to administer, and this

## SUPPRESSION OF THE MENSES

in conjunction with a hot sitz-bath will in all probability restore the obstructed flow.

### EPITOME OF MEDICINAL TREATMENT.—

1. *Sudden suppression during the flow.*—Acon., Bell., Cim., Dulc., Gels., Puls.

2. *Suppression from fright.*—Acon., Op., Verat.-A.

3. *From mental emotions.*—Cham., Coff., Coloc., Hyos., Ign., Op.

4. *Chronic cases.*—Calc.-Phos., Con., Phos., Senec., Sep.

### LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum.*—Sudden suppression from exposure to *cold*, with weariness and heaviness; heat, thirst, and other *febrile symptoms*; weight in the loins, and faintness or giddiness on rising from a recumbent posture.

*Belladonna.*—Rush of blood to the brain, with *sparks before the eyes*, *dizziness*, confusion, aching pains in the eyeballs and sockets, shooting pains about the womb and ovaries, bearing-down, with heat and dryness of the vagina.

*Bryonia.*—Vertigo, bleeding of the nose, stitches in the sides and chest, *dry cough*, *confined bowels*, severe pressing pain in the stomach, *irritability*.

*Cimicifuga.*—Intense headache, *pain in the eyeballs*, back, limbs, especially of the left side; palpitation, *depression of spirits*, and nervousness.

*Conium.*—Retarded or suppressed menstruation of *long standing*, not depending on constitutional causes, pain or swelling of the ovaries, and white leucorrhœa.

*Opium.*—Recent cases, with great heaviness of the head, *dizziness*, *lethargy*, and *drowsiness*, especially if there be also obstinate constipation and retention of urine.

*Pulsatilla.*—Languor, pain across the small-of-the-back and lower part of the bowels, palpitation, *nausea and vomiting*, sensation of fulness in the head and eyes, and



disposition to general coldness, frequent urination, and *Leucorrhœa*. Especially suitable for females of a mild, timid, and amiable disposition, who are easily excited to tears or to laughter.

*Sepia* is also an important remedy, and may follow the last medicine, particularly in females of a delicate constitution and *sallow skin*; the sufferings are often mitigated by exercise and aggravated by rest; *bearing-down* in the lower part of the abdomen and pains in the loins, melancholic mood, and morning headache.

ADMINISTRATION.—A dose thrice daily at the commencement of the treatment; afterwards, as improvement ensues, morning and night. A remedy may be continued for ten days or a fortnight, if doing good; or earlier changed for a more suitable one, if necessary.

ACCESSORY MEANS.—The cause of the suppression, and the co-existing impairment of the general health, should be carefully inquired into, and, if possible, removed.

When due to exposure to cold, a hot sitz-bath should be had recourse to at once. If the patient be too ill to take this bath, the lower part of her abdomen should be fomented with flannels wrung out of hot water for half an hour or longer. And in every case all physical or mental depression, undue excitement, night air, late hours, highly seasoned and stimulating food and drink, should be avoided. The meals should be taken with regularity, and under pleasant and cheerful influences, the stomach never overloaded, the food simple, nourishing, not too great a variety at one meal, and only such as has been uniformly found easy of digestion. The drink should be milk-and-water, cocoa, black tea (infused only two minutes) in moderation, and pure water. Green tea, coffee, and other stimulating drinks should be omitted, unless prescribed by a competent authority. A



change of air to the seaside or to the country is most advantageous; when this is not practicable, out-of-door exercise, useful employment, and agreeable company or books. In short, every means should be adopted that is calculated to give constitutional vigour. While hoping for a return of the menstrual discharge, the exercise of patience is sometimes necessary, as the general health is often greatly improved before this crowning evidence of cure is obtained. The spinal ice-bag or cold sitz-bath should not be forgotten in suitable cases. (See p. 22.)

# 10.—SCANTY OR SHORT-LASTING MENSTRUATION (*Menstrua exilia*)

Scanty or too brief monthly discharge is only a modification of “Amenorrhœa,” and is often due to constitutional causes, and must be treated accordingly. But if the patient enjoys good health notwithstanding the scanty flow, no medicinal interference is necessary. If, on the other hand, sufferings are present during the monthly period, or a general derangement of the system co-exists, medicinal and general means should be adopted to correct the morbid condition.

## EPITOME OF MEDICINAL TREATMENT.—

1. *Anæmia*.—Arg.-N., Hel., Ferr., Nat.-M.
2. *Constitutional Conditions*.—Calc.-Phos., Cim., Cycl., Con., Iod., Merc., Nat.-M., Phos., Puls., Senec., Sep., Sulph.
3. *Constipation; unhealthy skin*.—Collinsonia, Graph., Nux V.

## LEADING INDICATIONS FOR SOME OF THE PRINCIPAL REMEDIES.—

*Calc.-Phos.*.—Cough or hoarseness, with loss of flesh and strength, and other hectic symptoms.

*Cyclamen*.—Periodical, semilateral headache with dizzi-

ness, swollen eyelids, pale face, lips, and gums, chilliness, loss of appetite, and palpitation.

*Mercurius*.—Scanty menses, with sallow, unhealthy appearance, bilious or *liver derangement*, or general feebleness, dyspnœa, etc.

*Natrum Muriaticum*.—Pale, scanty menses in anæmic subjects; constipation; earthy complexion.

*Pulsatilla*.—Pale, scanty, and watery menses, preceded and accompanied by cutting pains in the loins, dejection of spirits, chilliness, etc., in patients of light complexion and mild disposition. *Puls.* is most suitable to *simple cases*.

*Senecio*.—Scanty, late, irregular, painful menses.

*Sepia*.—Patients with torpid skin-action, or a chlorotic appearance, with weariness, sensitiveness to cold, a tendency to *sick headaches and Leucorrhœa*.

ACCESSORY TREATMENT.—The accessory measures recommended under the Section which treats of the delay of the first menstruation are in every respect applicable to the treatment of scanty menstruation. (See page 37.)

## 11.—IRREGULAR MENSTRUATION

SYMPTOMS.—Sometimes the period comes on twice or three times consecutively at the proper times, and then is absent one or more months; or it may occur at one time too early and another time too late.

CAUSES.—Menstrual irregularities usually depend on defective constitutional vigour; or on bad hygienic conditions or habits, such as close confinement indoors, sedentary occupations, especially if carried on in improperly ventilated rooms, or unrelieved by sufficient outdoor recreation; want of variety in mental and physical employment, etc.

MEDICINAL TREATMENT.—The medicines most suitable

for this derangement of menstruation are such as are of efficacy in delay of the first menstruation—namely, *Ars.*, *Bry.*, *Cals.-C.*, *Cim.*, *Con.*, *Nux V.*, *Phos.*, *Puls.*, *Senecio*, *Sep.*, *Sulph.*, *Ver.-A.*, etc., and the special indications for their administration will be found on pages 40–42.

ACCESSORY TREATMENT.—Everything that tends to promote the general health should be sedulously attended to; all mental worry and undue physical exertion should be avoided as much as possible, and the organs concerned in the menstrual function should never be exposed either to extremes of heat or cold. All the accessory measures which we have recommended for delay of the menses are equally applicable to menstrual irregularity. (See pages 40–42.)

## 12.—VICARIOUS MENSTRUATION

Sometimes absent or scanty menstruation is accompanied by spitting or even vomiting of blood, bleeding from the nose, Leucorrhœa, or some other periodical discharge, which seems to be substituted for the true menses, and hence is said to be *vicarious*.

No great anxiety need be excited by these abnormal discharges; but it is very advisable, on account of the alarm and disagreeable sensations which they occasion to the patient and her friends, to take immediate and active steps to check their occurrence, and promote the natural periodic flow.

MEDICINAL TREATMENT.—*Bryonia*, *Ferrum*, and *Hamamelis* are the most suitable remedies for this trouble.

LEADING INDICATIONS FOR THESE AND OTHER REMEDIES.

*Bryonia*.—Pinching and uneasiness in the abdomen, as if the menses would appear, spitting of blood or bleeding at the nose, stitches in the chest, cough, etc., are indications for this remedy.



*Collinsonia*.—Vicarious discharge from piles, constipation, weight and itching in the rectum.

*Ferrum*.—Spitting of blood, pale lips and face, easily flushed, with great debility, vertigo, ringing in the ears, and palpitation.

*Hamamelis*.—Passive bleeding from nose, stomach, lungs, or bowels; tenderness of or irritation in the region of the ovaries, and varicose condition of the veins.

*Ipécacuanha*.—Vomiting of blood, dry cough, difficulty of breathing, frequent sneezing, and headache as if the brain was bruised through all the bones of the head.

*Pulsatilla*.—Bleeding from the bowels, tendency to diarrhœa, difficulty of breathing at night, loose cough, white leucorrhœa, etc.

*Senecio*.—Spitting of blood, troublesome loose cough, diarrhœa, chronic nasal discharge, and sleeplessness.

ACCESSORY TREATMENT.—The accessory measures are similar to those recommended in the preceding Sections, especially in that Section treating of suppression of the menses.

### 13.—PROFUSE MENSTRUATION (*Menorrhagia*)

DEFINITION.—The term “Menorrhagia” literally means the *bursting forth* or immoderate flow of the catamenia; the quantity of blood lost during the period being excessive, or the menstrual period prolonged, or of too frequent recurrence. In many cases all these conditions are present; the discharge is excessive, too prolonged, and returns too early. Menorrhagia is most common about the time of the final cessation of the menses, probably from temporary congestion of the uterus, and probably also of the ovaries, especially in those who have had many children, or abor-



tions. It is of great importance, both on account of its comparatively frequent occurrence, and the serious consequences which follow it. It should be remembered, however, that it is not a disease of itself, but only a symptom of a disordered state of the constitution, or of the organs of generation.

It is difficult to determine, except approximately, the quantity of discharge that should occur at each monthly period; but it varies considerably according to constitution, temperament, habits, and climate. Robust, plethoric females, who eat abundantly, and drink wine, can bear a comparatively large discharge without inconvenience; whilst delicate patients, of relaxed constitutions, would quickly suffer seriously from excessive discharges. The monthly loss, however, should never be such as to occasion debility and general ill-health. There is a deep-rooted and most dangerous notion current, that, however great the discharge may be, if it occur regularly, it is in perfect accordance with the economy of nature. When a medical man directs a parent's attention to the debility and ill-health following an habitually copious flow, he frequently receives the answer, "She is always so." The fact of a girl *being always so* is the very reason for adopting such measures as may, if possible, prevent her *ever* being so.

CAUSES.—These may be local or general. *Local* causes of Menorrhagia are numerous, of which the following are a few: chronic congestion, inflammation, or hypertrophy of the uterus or its cervix, or of the ovaries; a granular condition of the mucous membrane lining the cavity of the uterus; subinvolution or inversion of the uterus; polypi; tumours; retention of a portion of the placenta or of the foetal membranes; malignant or other diseases of the womb, etc.

Too frequent sexual indulgence is another cause; this

tends to profuse menstruation by producing irritation and over-excitation of the womb and its appendages.

*General* causes are—acute and chronic disease; severe inflammatory affections; tubercular deposits; and Nephritis or disease of the kidneys. The last is an important cause; and in persistent cases of Menorrhagia, especially with œdematous ankles and eyelids, the urine should be examined for albumen. In tuberculosis, Menorrhagia is most likely to occur in advanced stages of the disease, and in those who have previously borne children. In renal mischief, the blood, being deprived of its albumen, readily exudes through the walls of the capillaries. Other general causes are—residence in a tropical or malarious climate, debility from prolonged nursing (a very common cause), long-continued mental trouble, too confined or unhealthy occupation, luxurious living, chronic indigestion, hepatic congestion, disease of the heart, etc. The above and kindred conditions may cause profuse menstruation by giving rise to a congested state of the womb and adjacent organs, and by causing a morbid condition of the blood. Regular excessive monthly discharge, profuseness being the only point complained of, points to some grave constitutional cachexia as the cause. All such cases should be under the best professional care, so that, if possible, the systemic fault may be corrected.

“It is by no means unusual for a case of Dysmenorrhœa to merge into one of profuse Menstruation. When the period arrives, the flow is retained for some hours with great suffering. Finally, the spasm, or obstruction, is removed, and the discharge becomes excessive, or hæmorrhagic.”—*Ludlam*.

#### EPITOME OF MEDICINAL TREATMENT.—

1. *During the discharge*.—Arn., Croc., Erig., Ham., Ipec., Puls., Sabin., Sec.

2. *In the inter-menstrual period.*—Am. Brom., Ars., Calc.-C., China., Cim., Ferr., Plat., Phos., Sabin., Sec., Sulph.

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Arnica.*—This medicine should prove useful when the discharge is the result of a fall or blow.

*Arsenicum.*—Bloody or leucorrhœal discharge after the cessation of the periods, resulting from chronic inflammation of the uterus. Is seldom indicated during the continuance of the menstrual flow.

*Calcarea Carb.*—Profuse menstruation occurring too early, in scrofulous patients, with a tendency to corpulency, and troubled with itching, burning leucorrhœa. Is used during the inter-menstrual period only.

*China.*—Irregular hæmorrhage, the blood being dark and thick, flowing too long, with burning at the top of the head, buzzing in the ears, debility, faintness, etc. Employed chiefly between the catamenial periods.

*Crocus.*—Dark-coloured clotted blood, too frequent and abundant discharge, painful menstruation, yellowish colour of the face, a feeling as if there was gauze before the eyes. It is given during the flow only.

*Ferrum.*—Menstruation too frequent, too profuse, and lasting too long in weakly persons with flushed faces, the blood being sometimes thin and pale, and at other times thick and dark. Is usually given during the periods.

*Hamamelis.*—Excessive discharge of darkish blood, especially when arising from undue ovarian excitement. This medicine may be administered both during the flow and afterwards.

*Ipecacuanha.*—May be given during the discharge when it is of a bright-red colour, and there is a tendency to nausea and difficulty of breathing, with great pressure in the region of the womb.



*Platina*.—This medicine is of great service in cases due to much ovarian excitement, the discharge consisting of dark, thick, uncoagulated blood, with pressure pains from the back to the groins, and great sensitiveness. It is of more efficacy when given between than during the menstrual periods.

*Phosphorus*.—In the inter-menstrual times in patients having a consumptive tendency, with much mental and sexual excitement, this medicine may be administered with advantage.

*Pulsatilla* is sometimes of great use when the blood is thick and black, or pale and watery, especially at the critical age. Headache, sadness, and melancholy, and shifting in the back and abdomen, are indications for the employment of this remedy. It may be used both during and after the cessation of the discharge.

*Sabina*.—Paroxysmal discharges of bright-red blood, with bearing-down pains in the lower part of the abdomen, especially in women who have had frequent abortions, or who are approaching the climacteric period. It is eminently useful during the flow, but in many cases it is advantageously administered in the intervals as well, especially in cases in which there is irritation of the bladder or rectum.

*Secale*.—This is a valuable agent in hæmorrhage from the uterus, occurring in weak, cachetic, and exhausted women, with cold extremities, pale face, and small pulse, especially in women whose systems have been debilitated by a long residence in hot climates. Like *Sabina*, it may be given both during and after the discharge.

*Sulphur*.—This medicine is sometimes useful when given in the inter-menstrual periods to patients with unhealthy skins and scrofulous symptoms, the blood being black and clotted.



OTHER MEDICINES THAT MAY BE SOMETIMES REQUIRED.

—*Acon.* and *Bell.* The former when there is severe congestive headache, flushed face, throbbing temples, confusion, sensitiveness to light and sound, etc.; and the latter when there is feverishness, palpitation, throbbing in the uterus, etc.

ADMINISTRATION.—When the discharge amounts to flooding, the dose should be repeated every ten, fifteen, or twenty minutes, until flooding ceases. In less urgent cases every two, three, or four hours, as long as necessary.

ACCESSORY TREATMENT.—The patient should spare herself, and maintain *the recumbent posture* a good deal for a few days before, and especially during the discharge; household duties, particularly lifting, or reaching anything high, should be avoided; also warm beverages, even of black tea, and excessive eating and the use of stimulating food and beverages. Cold water is the most suitable drink; injections of cold, or even iced water up the bowel are useful, especially if the patient is costive or troubled with piles; cool vaginal injections, with a female syringe, or the application of hot-water spinal-bags to the small-of-the-back for half an hour at a time, tend to relieve a congested state of the womb. In very severe cases, cold wet cloths suddenly applied over the abdomen so as to produce a shock, light covering, and the *horizontal posture*, are absolutely necessary; the hips should be as high or higher than the shoulders, so as to relieve the uterus of the column of blood, and the patient be kept cool, quiet, and free from excitement. So long as the tendency to Menorrhagia continues, every kind of excitement should be restricted or avoided altogether.

PLUGGING THE VAGINA.—Sometimes it may be necessary to plug the vagina. A sponge or handkerchief will do; but common cotton wadding, with the backing on it, makes

the best plug. Whatever is used should be freely smeared with glycerine, and have attached to it a piece of tape or twine to facilitate removal. Care should be taken to fill up and distend the vagina with the plug, otherwise the object of using it will be defeated by the oozing out of the blood at the sides. The plug should not remain more than twenty-four hours; if necessary it may be replaced by another. See also "Accessory Means" under "Flooding after Labour."

PREVENTIVE MEASURES.—If an impoverished state of the blood is the cause of profuse menstruation, the defect must be remedied by nutritious and unstimulating diet, pure air, out-of-door exercise, etc. Residence in a tropical climate, or in a malarious or unhealthy locality, must be changed. An elevated place, sheltered from the north-east winds, on a sandy or chalk soil, is of great importance. Severe and persistent cases are much benefited by a temporary residence on the coast. Sea-bathing and the sponge-bath, taken under favourable conditions, followed by good friction for several minutes by means of a bath-sheet or large towel, are of great service by correcting the defective activity of the cutaneous surface which so often co-exists with Menorrhagia. *The cold sitz-bath* is specially valuable; the water should be sufficient to cover the pelvis, while the feet and legs should be covered with hot flannel, placed against a foot-warmer, or immersed in a foot-pan of hot water. The exact temperature of the bath ( $55^{\circ}$  to  $65^{\circ}$ ), and the length of time the patient should sit in it (five to fifteen minutes), should be modified by the season of the year. The bath should be taken at bedtime, and on leaving it the patient should be dried quickly, and immediately retire to bed. Weakly patients should have assistance in their ablutions. Worry and domestic cares should, as far as possible, be avoided; the influence of these causes is

very potent, and if not removed or greatly modified may neutralise all our best-directed efforts.

#### 14.—PAINFUL MENSTRUATION—MENSTRUAL COLIC (*Dysmenorrhœa*).

DEFINITION.—The term *Dysmenorrhœa* is used to designate the condition in which menstruation is performed with *difficulty and pain*. *The pain*, the essential element, is of various degrees of intensity, and, like all uterine and ovarian pain, is chiefly felt at the bottom of the back and within the lower part of the abdomen. The menstrual discharge is generally scanty and imperfect; it may, however, be profuse, or in some cases the function may otherwise be healthily performed.

VARIETIES.—Several forms of *Dysmenorrhœa* have been described. (1) *The inflammatory or congestive form* occurs in plethoric patients of strong passions, who are fond of the pleasures of the table and of the gaieties of life; it is accompanied by the discharge of flocks of fibrine and false membranes from the interior of the uterus. This has been called *membranous Dysmenorrhœa*, hypertrophied portions of the mucous lining of the uterus being discharged. In this form the pain is greater on the left side, shooting along the edge of the false ribs, up to the shoulder, then down to the ovary. "This is the most intractable and troublesome form of the disease. In a large majority of cases it follows abortion. Most women who have it have had an abortion in the early months or years of their married life, either accidental or induced. When this abortion took place, the lining membrane of the womb was peeled off, or exfoliated, and subsequently, with each return of the menses, a similar loss of this structure is sustained. The altered membrane may



come away as a complete cast of the uterine cavity, but is usually thrown off in strings or shreds. Besides being a very painful form of the complaint, the woman sometimes suffering as much in real labour to get rid of these shreds or casts, it almost always results in barrenness. In many cases abortion depends upon this disposition of the lining membrane of the womb to detach itself at stated periods" (*Ludlam*). (2) *Neuralgic Dysmenorrhœa*, which occurs in the feeble and anæmic, as after nursing, flooding, prolonged diarrhœa, etc. This variety occurs in delicate girls of feeble constitution, or in women of full habit but inactive life, or in those who are poorly fed and overworked. The flow is scanty, the pain paroxysmal, but not entirely absent, less when warm, aggravated by cold. (3) *Spasmodic Dysmenorrhœa*, from indigestion, nervous irritability, exhaustion, etc. In this form the suffering is in the back and the lower portion of the abdomen. (4) *Obstructive or congenital Dysmenorrhœa*, in which the pain is caused by the excessive flexure or insufficient calibre of the canal or passage which should convey the blood from the womb, producing partial and temporary *retention of the menses*. This variety also includes *mechanical Dysmenorrhœa* from Polypi, Cancer, fibroid or other tumours of the womb, which compress or distort the canal, or otherwise impede the exit of the menstrual fluid. The phenomenon may be thus explained to the non-medical reader:—Naturally the cavity of the unimpregnated healthy womb will only contain a very small quantity of fluid, and as soon as the menstrual blood accumulates, unless it finds free exit, it will distend the uterus, and thus give rise to pain, greater or less according to the sensibility of the patient and the amount of resistance.

SYMPTOMS.—Severe *bearing-down pains* in the uterine



region, *resembling the pains of labour*, and occurring in *paroxysms*; aching in the small-of the-back, loins, pelvis, and sometimes extending to the limbs; headache, flushed cheeks, hurried breathing, palpitation; cutting and pressing pains in the abdomen. The pain often increases in severity as the period approaches, becoming so intense that the patient cannot move about, but is compelled to lie down, and even roll about in agony. The pain sometimes precedes the flow several hours, or even days, and continues for a longer or shorter period, and may cease or continue when the discharge is established. At other times the pain continues till a *membranous* substance is expelled, when a healthy discharge takes place, or it may entirely cease. In some cases, the breasts, the counterparts of the female generative organs, become extremely sensitive and painful. Patients subject to Dysmenorrhœa are generally troubled with confined bowels, frequent headaches, from congestion in the inter-monthly period, and are often sterile from abortion which occurs at the menstrual cycle.

CAUSES.—These are in part explained under “Varieties,” and are chiefly as follows:—A congested condition of the secretory vessels of the uterus, disease of the ovaries, inveterate constipation, and a contracted canal of the neck of the womb. In obstinate constipation, the rectum may become so distended with impacted fæcal matter, as by its pressure on the neck of the womb to render the escape of the menstrual fluid difficult and painful. Ovarian irritation, which is sometimes induced by undue sexual excitement, is not an infrequent cause. Persons of a neuralgic, hysteric, or rheumatic tendency, generally suffer much pain at the menstrual period. Improper habits, the pressure of stays, and the dragging of skirts on the abdomen, are also causes of this disorder.

EPITOME OF MEDICINAL TREATMENT.—

1. *Inflammatory or Congestive Dysmenorrhœa*.—Acon., Arn., Ars., Bell., Bry., Con., Hep.-S., Lyc., Merc.-C., Merc.-S., Puls., Sab., Sep.

2. *Neuralgic Dysmenorrhœa*.—Caul., Cham., Cim., Coffc., Gels., Ham., Sec., Xanth.

3. *Spasmodic Dysmenorrhœa*.—Arn., Ars., Cham., Calc., Ign., Nux., Phos., Puls., Vib.-Op.

4. *Obstructive or Congenital Dysmenorrhœa*.—Borax, Calc.-C., Con., Ham., Thuja.

LEADING INDICATIONS FOR SOME OF THE PRINCIPAL REMEDIES.—

*Aconitum*.—In cases due to inflammation or congestion of the uterus or ovaries, especially if attended with febrile symptoms.

*Arnica*.—Is applicable to all cases traceable to a fall or blow.

*Arsenicum*.—Neuralgia, pain burning, restlessness, prostration, chronic inflammation of the uterus, corrosive leucorrhœa. Is of more service in removing the causes of the pain than in palliating it.

*Belladonna*.—Congestive enlargement of the uterus or ovaries, bearing-down pains and heat in the vagina, especially in stout persons with turgid countenances.

*Borax*.—Membranous Dysmenorrhœa, menses usually too early and variable in quantity.

*Bryonia*.—In congestive and rheumatic cases, greatly aggravated by movement, and relieved by the application of warmth.

*Calcarea C.*—Dysmenorrhœa occurring in delicate, scrofulous patients, the pain being of an aching, burning character, and accompanied with griping pain in the back and bowels. Menses appearing at too short intervals.

*Caulophyllum*.—Dysmenorrhœa with a *normal discharge*. The testimony to the value of this remedy for Dysmenorrhœa is very strong; it may be given as a palliative during the menses, and as a curative agent during the intervals. In the former case, it should be administered every two or four hours, and in the latter, twice daily. The action of *Caul.* has been compared to that of *Secale*, but with this difference, that it influences the neck as well as the body of the womb.

*Chamomilla*.—Severe labour-like pains; pressure from the small-of-the-back forwards and downwards; colic, with sensitiveness to the touch; dark clotted discharge; especially suited to nervous, *irritable, and bilious* patients.

*Cimicifuga*.—*Rheumatic or Neuralgic Dysmenorrhagia*, with severe headache, aching of the limbs, dark and coagulated discharge, *pain under the left breast*, depression of spirits, etc. This drug or its concentrated preparation—*Macrotin*—is most useful in the inter-menstrual periods.

*Cocculus*.—*Severe menstrual colic*, spasms or cramps in the abdomen, with flatulence, nausea, dizziness, and faintness.

*Coffea*.—*Exquisite sensitiveness to pain*, extreme nervous restlessness, sleeplessness, etc.

*Collinsonia*.—Dysmenorrhœa with *pelvic congestion*—*Constipation, Piles*, etc. Membranous Dysmenorrhœa.

*Gelseminum*.—This remedy is chiefly valuable for Spasmodic Dysmenorrhœa, as a *palliative during the period*, rather than as a curative agent.

*Hamamelis*.—*Ovarian Dysmenorrhœa*, with severe pain in the groins, profuse Leucorrhœa, *irregular menses*, extreme pain and soreness, smarting pain on passing water, and frequent urging.

*Nux Vomica*.—Gripping and digging pains, with discharge of clots, menses appearing too early, and scanty, burning



heat in the vagina, constipation and irritation of the bladder: is especially called for in women with dark hair and lively or irritable disposition.

*Pulsatilla*.—*Scanty menses*, the discharge being attended with cutting pains in the region of the womb, abdomen, back, and loins, with loss of appetite, chilliness, vertigo, etc., the pains moving from one part to another. This remedy is especially suited to young women of fair hair and complexion, mild disposition, and to uncomplicated cases.

*Sabina*.—Violent pain extending from the back through to the pubis, stitches in the vagina, especially in plethoric women whose menses are habitually profuse.

*Secale*.—*Expulsive forcing-pains*, followed by dark discharge, often in small lumps, cutting pains in the bladder or bowel, pale face, cold sweat, flagging pulse, etc. Sometimes the agonising forcing-pains occur without any discharge. We have met with striking results from the administration of this remedy in cases presenting the above symptoms.

*Senecio*.—*Functional Dysmenorrhœa, with scanty discharge*. It gives the most marked relief if administered during the inter-menstrual period, for at least ten days preceding the catamenial discharge.

*Viburnum Opulus*.—*Spasmodic Dysmenorrhœa*, thrice daily for a week previous to the expected period; every hour when the pain sets in; every quarter of an hour if it be very severe.

*Xanthoxylum*.—*Neuralgic Dysmenorrhœa*, especially in females of spare habit, nervous temperament, and delicate organisation.

ADMINISTRATION.—In acute cases, a dose, every one, two, or three hours: as improvement takes place, or in chronic cases, a dose every six, eight, or twelve hours.



ACCESSORY MEASURES.—Attention must be directed to those general rules for the recovery of health which are prominently dwelt upon in this book, and form the basis of the correct treatment of disease of every nature. Daily active exercise in the open air; regular and early hours; plain, wholesome diet; abstinence from wine, coffee, and green tea; and the avoidance of influences that disturb the mind and temper, are important accessories in the treatment. During the intervals of menstruation, *the morning cold bath* should be used; or the lower parts of the back and abdomen may be sponged for three minutes with water at 100°, and then for one minute with cold water, both morning and night; during the periods, the morning bath should be tepid; in any case vigorous friction should follow. In some cases of Dysmenorrhœa, with *scanty* and tardy discharge, Chapman's spinal *ice-bag* has been found very useful; it should be used for half an hour once or twice a day. In the *congestive* form of Dysmenorrhœa, the *vaginal douche*, recommended in the Section on "Leucorrhœa," may be used once or twice a day in the *intermenstrual* periods with great advantage. All legitimate sexual excitement must be avoided for two or three days at least preceding the appearance of each menstrual period, and every unnatural habit that may have been insidiously acquired must be utterly abandoned. As palliatives during the period, hot bottles, or flannels wrung out of hot water, and applied to the lower part of the abdomen, or *warm hip-baths*, in which the patient may remain for twenty or thirty minutes, or an enema of as hot water as the patient can comfortably bear, generally give effectual relief to the distressing aching and weariness that at times accompany the monthly function. *Rest*, both just before and during the period, is also an important adjunct. Attention must

be given to the *dress*. No proximate cause is so potent as the pressure of stays and skirt strings, and the dragging weight of skirts on the abdomen. By these means the uterus is displaced, and the spine is weakened.

#### 15.—CESSATION OF THE MENSES—CHANGE OF LIFE— CRITICAL AGE—CLIMACTERIC PERIOD

The cessation of the menses commonly occurs in this country between the fortieth and fiftieth years, generally about the forty-fifth; but, like the first appearance, its termination varies in different women, and is in subordination to the temperament, constitution, climate, and habits of the individual. There is usually some relation between the periods of the first and last menstruation, for the cessation occurs at a late period when the first appearance was delayed.

MENSTRUAL LIFE continues for about thirty years in the case of healthy women, varying as above. Thus, if menstruation began at the age of fifteen, the critical period will arrive at about forty-five; or if at twelve, menstruation will cease at forty-two. In some families, however, the change comes as early as thirty-five or forty, and in others not until fifty or later.

SYMPTOMS.—Whilst the change is in progress, there is commonly more or less functional disturbance of the general health, the nervous system especially manifesting various perturbations, such as vertigo; syncope; headache; flushes of heat; urinary difficulties; pains in the back, extending down the thighs with creeping sensations, heat in the lower part of the abdomen, occasional swelling of the extremities, itchings of the private parts, mental irritability, restlessness, culminating sometimes, especially in patients of a decided

nervous temperament, in more profound nervous disorder. In these nervous symptoms there is commonly more or less periodicity; and when the "turn of life" is fully past in favourable cases these disorders subside or take on new forms.

Sometimes menstruation ceases abruptly. The monthly period may be arrested by cold, fright, or some illness. Earlier in life, the suppression would have been followed by a return of menstruation, after the removal of the cause; but now nature adopts this opportunity to terminate the function. Gradual termination is, however, the more frequent, and is attended with the least disturbance of health. In *gradual* extinction, one period is missed, and then there is a return; a longer time elapses, and there is, perhaps, an excessive flow; afterwards some months may pass away without any reappearance; then there may be a scanty discharge, followed, perhaps, by flooding, and at last the discharge becomes so scanty and so slightly coloured as scarcely to attract notice, and then finally disappears (*Ashwell*). The reproductive powers cease with the termination of the function.

At this critical period there is not infrequently *enlargement of the abdomen*, which, though it may occur at earlier periods of life, is due to causes peculiar to this. It may arise from a highly sensitive and enfeebled state of the stomach consequent on sympathy with the deranged functions of the womb. Hence there is Indigestion, which does not prove amenable to ordinary remedies, but must be treated in view of the primary cause. Food and flatus accumulate, causing painful distention of the abdomen, and attended with loss of appetite, depression of spirits, constipation, drowsiness, and general weakness. Scanty or excessive discharge is also an accompaniment. Fibrous



tumours of the womb are not uncommon, and by their mechanical pressure may cause painful defecation, Constipation, Piles, Diarrhœa, frequent and painful urination, varicose veins, and Œdema. Passive congestion, or enlargement of the womb, often found in those whose occupation requires much standing, causes floodings and debility. These disorders are attendant on the enlargement of the abdomen which is so frequently observed at this period.

The general opinion that the change of life is a perilous period for patients who enter it in a state of disease is, we believe, correct; more especially if any uterine or constitutional affection exists, for this is generally aggravated, the change prolonged, and the cessation retarded.

CAUSES OF DISORDERED FUNCTION.—Previous uterine disease; exhausting labours; anxieties arising from the rearing of a family, etc.; these trials tend to depress the forces, so that when the final efforts which close the sexual life have to be made, the nervous system gives way in one shape or another, and various aberrations ensue. Sea-bathing during menstruation, about the period of the menopause, will often cause abrupt cessation of the function, and very severe suffering afterwards. From whatever cause arising, the consequences of disordered function are an irregular distribution of the blood, and an alteration in its character. In the absence of the previous normal attraction or afflux of blood to the uterus and pelvic viscera generally, the patient becomes liable to irregular determinations of blood, especially to the head. The old notion that menstruation acts as a purifying process, is no doubt, to some extent, correct; hence when this function ceases the blood is liable to become charged with deleterious products. This is further liable to be aggravated by the fact that at the



“change” the nervous distribution is reversed, and indigestion results from disordered or obstructed secretion, or excretion. Too little open-air exercise intensifies the evil by favouring torpor of the chief depurating organs—the lungs, the intestinal canal, the liver, the kidneys, and the skin. These, acting imperfectly, permit the products of effete tissues, and of mal-assimilated food, to accumulate in the circulatory fluid.

#### EPITOME OF MEDICINAL TREATMENT.—

1. *With derangement of the abdominal organs—Stomach, bowels, liver, or kidneys.*—Ars., Bell., Bry., Cocc., Lyc., Nux., Puls., Sep., Sulph., Tabac.

2. *Headache.*—Bell., China, Cim., Ferr., Gels., Glon.

3. *Congestion of the chest.*—Acon., Bry., Ars., Ver.-A.

4. *With flushes.*—Cim., Cocc., Ign., Lach., Sang., Sep., Ver.-V.

5. *With excessive discharge.*—See “Profuse Menstruation,” Section 13.

#### LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Bryonia.*—*Congestion of the lungs* or chest; sense as of a stone lying in the stomach; suppression of the menses with bleeding at the nose; pain in the limbs and small-of-the-back.

*China.*—Is most useful when great debility has resulted from excessive loss of blood; also when there is a feeling as if the head was opening and shutting.

*Cimicifuga.*—Many of the sufferings incidental to the critical age are under the control of this remedy, especially the following:—pains under the left breast and in various parts of the left side; *sinking at the stomach*; headache, with aching in the eyeballs and limbs; *depression of spirits, even to melancholy*; irritability and restlessness.

*Cocculus.*—Spasms or *colic-like pains* in the abdomen,

with nausea and vomiting; giddiness and headache; painful menstruation, with discharge of coagulated blood.

*Ferrum*.—For symptoms similar to those calling for *China*, especially if there be any tendency to œdema of the ankles, eyelids, etc.

*Glonoine*.—*Rush of blood to the head*, with throbbing and noises in the head or ears; giddiness.

*Ignatia*.—Nervousness; numbness in various parts; *sinking* sensation; flushings; constipation; sensation of ball in the throat.

*Lachesis*.—This remedy is recommended as a most valuable one for *flushes*, burning pains at the top of the head, sleeplessness, pains in the back, and other troubles common at the change; melancholy; symptoms worse after sleep.

*Pulsatilla*.—General dyspeptic symptoms, nausea, or vomiting, *distention after a meal*, pains in the left side, associated with irregular period, etc. It is especially suited for women of the temperament and complexion previously indicated.

*Sulphur*.—Indigestion, *Piles*, *itching* and burning in the sexual organs, Leucorrhœa, and sweats, and flushings of climacteric women; also in constitutions marked by a morbid activity of the skin.

*Tabacum*.—Sense of *wretchedness*; *sinking* feeling at the stomach; nausea; palpitation; sensation of coldness; great *muscular debility*. These symptoms are often promptly met by *Tabac.*, whether they occur at the change or during the monthly period.

ACCESSORY MEANS.—A light and nourishing, but not an *extra* diet, should be allowed; wine and malt liquors are generally unsuitable; for an accustomed discharge is about to cease, or has already ceased, and the system is liable to oppression, and the patients to complaints of weakness; but

this weakness is generally *sensational* rather than real. If, to remove the languor and inactivity present, stimulants and generous diet be allowed, some important organs will most likely suffer. *Small quantities of spirits* are sometimes prescribed to remove the distressing sensations commonly felt at this period, and are generally taken by the patient with great satisfaction; but their good effects are only temporary, while their continued use is often most mischievous. Veal, pork, salt meat, pastry, and made dishes should be avoided; but vegetables, in season, well cooked with beef, mutton, white fish, or fresh game may be taken in moderation. Cocoa, or cold water, forms the best drink for breakfast, and one or two small cups of tea not infused beyond about two minutes, for the evening meal. The sleeping-room should be cool and well ventilated, and the patient should sleep on a mattress. The changes of the weather should be guarded against by appropriate dress, and *exercise taken daily in the open air*.

When the function of menstruation ceases or becomes irregular, we have seen that the perturbed nervous system induces disordered digestion, and the balance between secretion and excretion becomes lost; and unless the lungs, the digestive organs, the kidneys, and the skin are maintained in efficient action, the various products which ought to be eliminated are retained, and greatly or even seriously embarrass the whole animal economy.

## CHAPTER IV

### INCIDENTAL DISEASES

#### 16.—LEUCORRHŒA—WHITES (*Fluor Albus*)

DEFINITION.—The term *Leucorrhœa* literally means a white discharge—the white as opposed to a red sanguineous one, —though it is not infrequently of a light cream colour, or yellow, or greenish,—and includes a great variety of non-hæmorrhagic discharges. It is a catarrh of the vagina, cervix, or uterus, the result of inflammation or irritation. In a healthy condition, the mucous lining, and the various glands which stud the vaginal orifice, secrete a fluid just sufficient to lubricate the opposed surfaces, and for other physiological purposes. In unhealthy conditions this secretion becomes increased in quantity, of an altered character, and varies in colour and consistence; this is termed *Leucorrhœa*.

This disease or symptom may occur at any period of life, but is most common after puberty, and previously to the cessation of the menses, when so many causes are in operation to induce free determination of blood to the utero-genital organs.

It has been observed that leucorrhœal discharge in the mother is a potent cause of scrofula in the child. The fœtus is insufficiently nourished, hence the scrofulous symptoms soon show themselves in the form of Convulsions, Hydrocephalus, or mesenteric disease; or, if the age of puberty be reached, in Tubercula.

SYMPTOMS.—Generally, a profuse mucous discharge from the utero-vaginal lining membranes of a white, cream-



yellow, or greenish colour; thin and watery, or of the consistency of starch or gelatine; it may present a curdled appearance, or appear as a thick, tenacious, glairy secretion; and it may be inodorous or foetid. When the discharge proceeds from the vagina it is generally a light, creamy-looking fluid, and has an acid reaction; when it is the effect of ulceration of the *os uteri* it is profuse and semi-purulent. That poured out by the cervical glands is a copious tenacious albuminous fluid, very much like the white of an egg, and so distinctive that it is unmistakably connected with disease of the cervical canal. It blocks up the *os uteri*, and hangs out of it as a string of viscid mucus which cannot be wholly removed. This form of Leucorrhœa prevents conception. The discharge proceeding from the lining of the interior of the uterus has an alkaline reaction, is copious, and generally immediately precedes menstruation. But in most cases the discharge is much more profuse immediately after the menstrual period. In severe cases, the whole system becomes injuriously affected; the face is pale or sallow; the functions of digestion are impaired; there are dull pains in the loins and abdomen; cold extremities; palpitation and dyspnœa after exertion; debility and loss of energy; partial or entire suppression of the menstrual flow. Sometimes the discharge is evidently vicarious of menstruation. Slight cases of Leucorrhœa may exist for years without giving rise to any very marked symptoms.

CAUSES.—These may be constitutional or local. Any habit or disorder which debilitates the constitution or lowers the tone of health is likely to be accompanied, sooner or later, by a leucorrhœal discharge; thus it is frequently associated with profuse menstruation, prolonged lactation, and other excessive discharges; prolapsus uteri. It is often met with in delicate females of a leuco-phlegmatic

temperament, in whom a tendency to Phthisis exists; indeed, it is not infrequently the precursor, if not the cause, of lung disease. Cold; congestion; scrofulous constitution; defective health generally; a warm climate; the use of purgative drugs; an inactive and luxurious life, etc. In short, Leucorrhœa is likely to accompany or follow any disease that enfeebles the health. Leucorrhœa is very common in the rich, indolent, luxurious, and dissipated, and in those who live in crowded cities; it is less frequent in those of industrious and regular habits, and in persons living in the country, especially if the soil be dry.

*Local* causes are—excessive intercourse, and similar causes of sexual irritation; Polypi, little vascular mucous tumours, or other abnormal growths of the uterus; want of cleanliness, etc. Lastly, Leucorrhœa not infrequently results from irritation or disease in an adjacent part,—thread-worms in the rectum (especially in children), Piles, Stone, or Catarrh of the bladder, or the introduction of any irritating substance into the vaginal passage.

EPITOME OF MEDICINAL TREATMENT.—

1. *Yellow or white mucous discharge*.—Calc.-C., China, Copav., Hydras., Iod., Merc., Nat.-M., Puls., Sep., Xanth.

2. *Thin, watery discharge*.—Alum, Ars., Ferr., Graph., Iod., Sab., Stan.

3. *Thick discharge*.—Mez., Sep., Zinc.

4. *Acrid discharge*.—Ac.-N., Ars., Helon., Kreas., Lyc., Puls., Sep.

5. *Milky*.—Calc.-C., Ferr., Lyc., Puls., Sil.

6. *Offensive*.—Carb.-V., Caust., Iod., Kreas., Sep.

7. *Bloody*.—Calc.-C., China, Kreas., Lyc.

8. *Greenish*.—Carb.-V., Kreas., Merc., Sab., Sulph.

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Arsenicum*.—*Thin, burning Leucorrhœa*, from passive or

atonic hyperæmia of the uterus, with too frequent and profuse Menstruation.

*Calcarea Carb.*—*Chronic Leucorrhœa* in children and in women of weak, *scrofulous*, and lymphatic constitution, particularly those who menstruate too *frequently* and too *profusely*; the Leucorrhœa has a milky appearance, is worst just before the menses, is often attended with itching or burning, or with pains shooting through the parts, and sometimes falling of the womb.

*China.*—After long-continued or excessive discharges, for the *consequent debility*; also after other debilitating diseases which have induced Leucorrhœa.

*Hamamelis.*—Moderate or excessive discharge, more or less *taking the place of menstruation*, with much *pain about the groin*, scalding urine, etc.

*Helonias.*—Leucorrhœa with *relaxation* of the womb and its appendages. It improves the tone of the sexual organs, and at the same time corrects the co-existing *general debility*.

*Hydrastis.*—Leucorrhœa with abrasion or superficial *ulceration* of the parts, and co-existing indigestion and debility. It should be used locally also, six drops of the extract to an ounce of water.

*Iodium.*—In constitutions similar to those mentioned under *Calc.-Carb.*, when there is an offensive, thin discharge; with *emaciation*.

*Mercurius.*—Leucorrhœa of a *yellowish* character, containing matter (*pus*), with soreness and itching; profuse menstruation, the discharge being thin and unhealthy-looking; weakness, coldness, *sallow complexion*, etc.

*Pulsatilla.*—Suitable in the majority of cases, especially when occurring in *girls* who have not menstruated, or in Leucorrhœa *during pregnancy*, when the discharge is a



*thick white mucus*, or is corrosive with itching, etc. *Wandering pains* in the abdomen, flatulence, and the *Pulsatilla* temperament are further indications.

*Sepia*.—Yellow, greenish, or foetid discharge, worse before the menses; *scanty menstruation*; bearing-down pains; *costiveness*; sensitiveness to cold; languor; delicate, unhealthy skin.

*Sulphur*.—Chronic cases and *scrofulous constitutions*. It may follow, or be given in alternation with, any one of the above remedies; in the latter case, *Sulph.* for seven or ten days, and the other remedy selected the next seven or ten days, and continue to repeat as long as necessary.

*Xanthoxylum*.—Leucorrhœa with Amenorrhœa, or Dysmenorrhœa, especially in nervous persons, of a delicate organisation. This remedy we obtain from America, and according to Dr. Hale—confirmed as far as we have used it by our own experience—is of great value in diseases of the female reproductive organs.

ADDITIONAL REMEDIES.—Cocc. (*leucorrhœa, with colic and flatulent distention*); Collin. (*with piles or constipation*); Stannum (*watery leucorrhœa in feeble patients*); Alumina (*inveterate cases; profuse discharge; raised itching spots in the vagina*); Kreas. (*with itching, burning, and biting of the external parts*).

ADMINISTRATION.—A dose three or four times daily, for a week or ten days; in chronic cases, morning and night, for a longer period.

ACCESSORY MEANS.—There are several conditions which are absolutely essential to the successful treatment of “Whites,” the most important of which are the following:—REST, in the horizontal posture, is sometimes necessary in the treatment of this, as it is of most other uterine disorders. Active exercise aggravates an existing Leucor-



rhœa, just as it does congestion, or inflammation of the womb. At the same time, moderate exercise in the open air, especially in the intervals between the attacks, short of inducing fatigue, is essential for the maintenance of the general health. Other accessories of importance are—a diet chosen with the view to its nourishing properties, and to its ready assimilation; avoidance of all sexual excesses, indulgence in the pleasures of the table, exciting spectacles, crowded balls and parties, etc.; and, lastly, frequent injections of water, and daily ablutions, including the *hip-bath*, are necessary, in order to insure the most perfect *cleanliness* of the utero-genital organs.

The importance of this last point cannot be too strongly stated, for without due attention to cleanliness all other efforts may prove futile. The leucorrhœal secretion is at best exceedingly irritating, but when it is permitted to accumulate and remain for a long time in contact with the mucous membrane, it becomes partly decomposed, foetid, and highly pernicious to the healthy condition of the parts. On this account the frequent and thorough use of local applications of tepid or cool water should be strictly carried out. The use of the enema syringe, having the vaginal tube attached, is necessary efficiently to carry out this part of the treatment. For delicate ladies we recommend—

THE VAGINAL OR UTERINE DOUCHE.—In order to insure a continuous stream of water on the lower portion of the womb, and on the vaginal mucous surfaces, without any manual effort on the part of the patient, a self-acting douche has been constructed. It consists of a japanned metal reservoir, fitted with six or more feet of tubing, to which a vaginal pipe with an ivory nipple is attached.

The reservoir has merely to be filled and suspended

above the level of the hips, when a continuous stream is obtained, the force of which is easily regulated by a stop-cock. The degree of pressure can be increased by a greater or less elevation of the vessel. The water for the douche should never be *cold* when pregnancy is supposed to exist.

### 17.—INFANTILE LEUCORRŒA

DEFINITION.—Catarrhal inflammation of the vulva, occurring chiefly in strumous children.

SYMPTOMS.—Irritation of the vulva, occasioning a frequent desire to rub the part, sometimes slight pain in passing water, and a thin, colourless, or thick creamy discharge. In unhealthy children, of bad hygienic conditions, the Leucorrhœa may become copious and corrosive, giving rise to ulceration of the mucous membrane. The discharge is infectious, causing severe inflammation if brought in contact with the lining of the eye, or other mucous surface.

CAUSES.—Sudden check of perspiration or exposure to cold; acrid urine; neglect of cleanliness; the use of infected sponges;<sup>1</sup> worms; manual irritation, etc.

DIAGNOSIS.—Girls of all ages are liable to a discharge from the vulva, quite independently of *infectious* matter. The remembrance of this fact may save much distress; for the occurrence of this discharge in children has often caused unfounded suspicions and anxiety.

But the absence of *swelling*, heat, and redness; the limitation of the discharge to the *external* parts, and the integrity of the *hymen*, tend to prove that the affection

<sup>1</sup> Mr. Cooper Forster relates a case in which a woman communicated an infectious discharge to two girls by washing them with her own sponge.

has not been communicated. In infectious discharges, the parts are inflamed and swollen, the inflammation extending high up into the vagina, and passing of urine causes pain.

MEDICINAL TREATMENT.—

*Calcareo C.*—Chronic whites in strumous children, the discharge being milky.

*Cannabis Sativa.*—When the discharge is yellowish, and there is swelling, heat, and redness of the parts, and painful urination.

*Iodium.*—For the leucorrhœa of strumous children; the discharge is usually thin and offensive; and there is considerable emaciation.

*Mercurius Cor.*—Acrid yellowish discharge with soreness, scalding urine, etc.

*Pulsatilla.*—Milky discharge in children of fair complexion, with symptoms of indigestion or catarrh.

*Teucrium.*—Leucorrhœa from the irritation of *thread-worms*.

For additional remedies, and fuller details of symptoms, the previous Section should be consulted.

ACCESSORY MEASURES.—The parts should be frequently washed with tepid or cool soft water, carefully dried, and a little finely powdered starch or violet-powder applied. The *diet* should be good and digestible, taken regularly in three meals daily, and properly varied. Fresh air is necessary, but without too much exercise at first. Salt baths, sea-air, and cod-liver oil are often advantageous, and in strumous children essential; for the general health, which is at fault, must be corrected before a cure can be effected. When *worms* are the exciting cause, the treatment pointed out in the Author's work on the "Diseases of Infants and Children" should be carried out.



## 18.—CHLOROSIS—GREEN SICKNESS

DEFINITION.—A condition of general debility affecting young women at about the age of puberty (from sixteen to twenty-five years of age), due probably to nervous causes. There is anæmia or deficiency of the red corpuscles of the blood, which gives the skin a pale, yellowish, or greenish, and almost transparent hue. The greenish hue is so characteristic as to have given rise to the name—"green sickness." The temperature of the body is diminished, and morbidly sensitive to cold. There is generally delayed, suppressed, or imperfectly performed menstruation. Respiration, circulation, and digestion are also disturbed; and the whole organism, physical and mental, is feeble and enervated.

SYMPTOMS.—In addition to those given in the preceding paragraph, the following symptoms are always more or less prominent:—*loss of appetite*, the patient often subsisting upon an incredibly small quantity of food; or the appetite is *perverted*, and such articles craved for as chalk, coal, cinders, etc. In other cases, the appetite becomes fitful, or the patient eats simply as a duty. Most patients complain of *obstinate constipation*, or this condition may be alternated with relaxation. Sometimes the breath is *offensive*, or there may be ulceration of the stomach, and persistent vomiting, or even Hæmatemesis. These and other gastric disturbances are attended by *loss of the cellular tissues*, and even wasting of the muscles.

The face becomes puffy, and the features somewhat obscured; the eyes languish, the lids are œdematous, and surrounded by dark circles, which strongly contrast with the pearly, translucent appearance of the white-of-the-eyes, and the pallor of the lips. A species of dropsy, most

generally affecting the ankles, is often present, and the whole surface is dry and bloodless. The hands are shrivelled, and the nails brittle. *Nervous affections of the heart*, unattended by any structural change, are very common, with *palpitation*, chilly turns, with cold and often œdematous extremities. The pulse is usually, but not invariably, slower, and also weaker than in health. But the most marked symptom affecting the circulation is the *anæmic bruit* or *bruit de diable*; this is a continuous humming or cooing sound heard over the præcordial region, and especially over the large blood-vessels of the neck. It can also be *felt*, and under the finger resembles the vibrations of a musical cord. It is supposed to be due to the tenuity of the blood.

CHLOROSIS AND ANÆMIA.—The table on the following page, from Dr. Ludlam's Clinical Lectures, will enable the reader to distinguish between these diseases. Sometimes the symptoms are less clearly marked than in the table, and probably in rare cases the two diseases may co-exist.

It is very rare for Chlorosis to exist without *menstrual irregularities*; *Amenorrhœa* is the most common complication. Sometimes the monthly discharge, if it ever occurred, is superseded by a copious Leucorrhœa. The co-existence of non-menstruation and gastric disturbance has sometimes given rise to a suspicion of pregnancy, and we have not infrequently been consulted from the fear which has thus been excited.

Chlorotic patients become *listless*, *lethargic*, and *melancholy*. They lose interest in society and in the general events of life, preferring solitude and quiet repose. There is frequently *paroxysmal*, often regularly periodic *headache*, chiefly affecting one temple, greatly aggravated by over-

CHLOROSIS

1. Is an idiopathic affection.
2. Is not caused by loss of blood or other debilitating discharges.
3. May result suddenly from mental causes alone.
4. The mental and nervous symptoms are especially prominent.
5. The nervous symptoms initiate an attack.
6. Fugitive neuralgic pains in the head, the spine, the stomach, the chest, and especially in the side, are almost invariably present.
7. May be accompanied or followed by hysterical spasms, Chorea, Paralysis, or Epilepsy.
8. The skin is of a greenish or greenish-yellowish tint.
9. Hæmorrhages are not very frequent.
10. Is very rare in male subjects.
11. Rarely happens in those who are under twelve or over thirty years old.
12. Is limited to women of lymphatic temperament.
13. Is very liable to be accompanied by suppression or retention of the menses.
14. May exist and run its course without any perceptible change in the composition of the blood.
15. The degree of change in the blood bears no necessary relation to the severity of the disease.
16. Is most common among the better classes of society.

ANÆMIA

1. Is an accident or sequel of other diseases.
2. Is frequently caused by hæmorrhage, suppuration, Leucorrhœa, Diarrhœa, colliquative sweats, etc.
3. Never does.
4. Not so in Anæmia.
5. The opposite occurs in Anæmia.
6. These pains are lacking.
7. These complications and sequelæ are not incident to this affection.
8. The skin is blanched, pallid, puffy, and doughy.
9. Hæmorrhages are very frequent.
10. Affects the sexes indiscriminately—men, women, and children.
11. May occur at any age.
12. May happen to men and women of any temperament.
13. Is more likely to be accompanied by too frequent and copious menstruation.
14. Is always characterised by an impoverishment of the blood.
15. The impoverishment of the blood is in direct ratio with the degree of functional disorder.
16. Is most common among the poorer classes.



anxiety, worry, and other emotional influences. In short, as the foundation of all the symptoms, the nervous system is so completely the seat of the disease that there is not an organ, or tissue, or fluid of the body that escapes.

CAUSES.—The chief *predisposing* causes are the *lymphatic temperament*, and a tendency to *struma*. In these persons the blood-making function is liable to such disorder as results in a deteriorated quality of that fluid. Hence the relative diminution of the red corpuscles, and the proportionate increase in the watery part of the blood. This predisposition is fostered by hygienic conditions which tend to lower the standard of health, and to vitiate the progress of sanguinification (*Ludlam*).

Among the hygienic conditions, the most favourable to the production of Chlorosis are—confinement in badly ventilated or imperfectly lighted or shaded rooms—underground kitchens and back rooms, shut in by high walls excluding the direct rays of the sun, and a free circulation of air—and deprivation of open-air exercise and recreation. Some time since, the writer was requested to visit a chlorotic patient in London, in whom the symptoms were very marked. She lived in a large house thickly hemmed in by lofty buildings, and for convenience or from choice passed most of the day in a low dark room. We saw flowers in the upper rooms, and remarked as we entered the patient's room, "You have no flowers here." Our patient quickly answered, "Oh no! they won't grow in this room; they want more light." But she failed to perceive that her devitalised frame and languishing nerve-power were the result of those bad hygienic conditions to which she would not even subject her plants!

Other causes are—too studious and sedentary habits; chronic inflammation of the intestinal canal; enlargement

and inaction of the mesenteric glands; long-continued grief, unrequited love, anxiety, fright, or fatigue; abnormal excitation of the sexual organs; uterine or ovarian disease, innutritious food. Bread-and-butter forming the staple diet, the relish for animal food of every kind almost completely ceases. These and similar causes not merely effect gradual changes in the composition of the blood, but impair the process by which the blood itself is made.

EPITOME OF MEDICINAL TREATMENT.—

1. *For the Cachexia*.—Ars., Calc.-C., Ferr., Kal.-C., Lyc., Nat.-M., Phos., Sulph.

2. *Nervous Symptoms*.—Acon., Bell., Cham., Coff., Ign., Phos.-Ac.

3. *Menstrual Irregularities*.—Calc.-C., Cham., Caul., Con., Cycl., Graph., Gels., Helon., Lep., Senec., Sep.

4. *Digestive Symptoms*.—Lyc., Nux V., Plumb., Puls.

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Arsenicum*.—Œdematous swelling of the feet, puffiness of the eyelids, distention of the abdomen, morbid cravings, frequent fainting, and extreme debility.

*Calcarea Carb.*—In cases in which there is tendency to scrofula, or consumption, as evinced by the presence of glandular enlargements, cough, etc., and in other cases attended with dropsical swellings of the feet and difficulty of breathing.

*Cyclamen*.—The patient is pale, chilly, and languid, with nausea, loss of appetite, headache, vertigo, dimness of sight, and tendency to looseness of the bowels.

*Ferrum*.—Fits of oppression, palpitation, and anxiety, poor appetite, pale face, swelling of the face and ankles, absent, scanty, pale, or watery menstrual discharge, especially in patients of strumous constitutions and lymphatic temperament.

*Graphitis*.—Too late, scanty, painful menstruation, dull, pressive or wrenching pain in the lower part of the back, constipation, and unhealthy condition of the skin.

*Helonias*.—Chlorosis with *atonic* conditions of the womb, and defective digestion and assimilation.

*Ignatia*.—Nervousness; *mental depression*, or rapid emotional changes.

*Natrum M*.—Sadness, oppression, anxiety, coldness of the hips, heat in the face, weight in the abdomen, œdema, and with occasional, ineffectual indications of menstruation; constipation.

*Phosphoric Acid*.—Great debility, listlessness, and apathy; night sweats, leucorrhœa, etc., especially if the chlorosis be due to continued abnormal excitation of the sexual organs.

*Plumbum M*.—Chlorosis with obstinate constipation and a general cachectic condition.

*Pulsatilla*.—Scanty or absent menses; loss of appetite or taste, and *tendency to relaxed bowels*; weeping mood. *Puls.* is chiefly suited to uncomplicated cases.

*Sepia*.—Painful downward pressing in the pelvis, aching pain in the abdomen, swelling of the sexual organs, leucorrhœa, sick headache, etc.

*Sulphur*.—This medicine is of great service in all patients who have been habitually unhealthy, with a tendency to constipation and cutaneous eruptions.

ADMINISTRATION.—A dose three or four times daily. When improvement sets in, the remedies should be given at longer intervals.

ACCESSORY MEANS.—Good nourishing food, including milk and *milk diet*, brown bread, animal broths, *oysters*, cod-fish, and juicy varieties of meat. Frequent exercise in the open air and sunshine, avoiding fatigue; horseback exercise



is particularly advantageous; also rowing, lawn-tennis, and other out of-door games. Riding in an open carriage, and walking, are also useful. The air breathed, both indoors and out-of-doors, should be pure. *Light* should be freely enjoyed. Cold bathing, particularly in sea-water, is much to be commended. Those unaccustomed to bathe, or extremely sensitive persons, should commence with tepid water, and the temperature be gradually lowered till a cold bath can be advantageously borne. Cold bathing is very necessary, in consequence of the extreme sensitiveness of chlorotic patients, which may by this means be diminished.

Chlorotic patients are notoriously fond of ease, and desire to remain in a state of muscular inactivity; but this desire must no more be yielded to than that of travellers to the soporific effects of intense cold; for the habitually cold skin of chlorotic patients causes a half-poisoned state of the blood, by the retention of what should be excreted, and the imperfect oxygenation it undergoes. They should therefore be urged and forced to exert themselves, so that the blood may circulate more rapidly, and thus absorb that due quantity of oxygen which is necessary to impart to it those vital properties which excite all the organs to perform their proper functions (*Tilt*).

It is very important that cases suspected to be due to secret habit should be unobtrusively watched, and, when once certainty concerning the all-important subject has been ascertained, every means should be adopted to induce the patient to abandon the injurious practices.

CHLOROSIS AND CONSUMPTION.—In Chlorosis there is often a slight hacking cough, dyspnoea, or other chest symptom, leading to a suspicion of Consumption; although an examination at once enables a professional man to decide on the real nature of the case. The presence of the anæmic

murmurs, previously described, the normal characters of the respiratory movements and sounds, the absence of hectic, and of wasting to any great extent, are sufficiently marked to distinguish Chlorosis from Phthisis. Chlorosis essentially consists in the absence of the red corpuscles or colouring matter of the blood; whereas in Consumption contamination of the blood is superadded. In the former disease the temperature is below, but in the latter it is above the normal standard. There is also this essential difference in the treatment,—that in the former we have but to supply the missing elements of the blood, and even the most unpromising cases are readily and perfectly amenable to our remedies; but in the latter we have to exterminate a poison, and we need not remark that too many cases resist every known means of cure.

#### 19.—FALLING OF THE WOMB (*Prolapsus Uteri*)

DEFINITION.—Prolapsus, the most frequent form of uterine displacement, consists of a descent of the womb, in different degrees, from simple relaxation and bearing-down upon the upper portion of the vagina, to complete protrusion of that organ from the vaginal passage. It most frequently occurs in married ladies beyond the middle age, but it is also liable to occur in young unmarried females of relaxed constitution after dancing, running, or too severe exertion during menstruation.

DEGREES.—Three degrees of prolapsus uteri have been described—viz., *relaxation*, where the smallest descent has happened, with slight pressure on the higher parts of the vagina; *prolapsus*, where the organ descends farther, or presents at the external orifice; and *procidencia*, where there is protrusion through the external parts. But the

term “prolapsus” is now generally used to express all the varieties. In any descent of the womb, the degree will vary considerably if examined immediately after active exercise, or after quiet rest in the horizontal posture. Slight relaxation often exists a long time without attention being directed to it.

SYMPTOMS.—These are numerous and vary in different cases, but the following are most commonly present:—bearing-down sensations in the vagina; dragging and aching pains in the small-of-the-back, and around the loins and hips; frequent sensation as if something would escape from the vagina; weariness, soreness, and faintness, with indisposition to stand; leucorrhœal discharge; often increased menstruation, and frequent desire, and sometimes inability, to pass water; nervousness; irritability of temper; indigestion, constipation, etc. In *proidentia* the annoyance and inconvenience which the impediment causes are very great. The symptoms are aggravated by walking, lifting, etc.; and relieved by rest in the horizontal posture.

CAUSES.—Probably the most frequent cause is getting up too soon after childbirth, when the womb is larger than usual, and when also its perineal support below has been weakened by the process of parturition. This is more fully explained in the Section on “Subinvolution.” Luxation of the uterus may, however, take place at puberty, especially if menstruation begin at too early or too late a period, the increased weight of the congested organ predisposing to prolapsus. Occupations, such as those of laundresses, cooks, etc., are fruitful causes, especially if followed when the womb is relaxed or large. In other cases one of the following causes may have been in operation:—sexual excesses, injuries from falls, sudden straining, jumping, overlifting, etc.; long-continued coughs; excessive vomitings; chronic



indigestion, Constipation, and Piles; tight lacing; a general relaxed condition of the system, either constitutional or the result of sedentary habits; too high living; purgatives, etc. Thus it will be observed that the essential elements in prolapsus are—an enlarged, heavy womb, and relaxation of its natural supports, combined generally with too much standing. Prolapsus of the womb from *rupture of the perineum* during labour is not otherwise referred to here, as it requires surgical measures for reuniting the torn surfaces.

MEDICINAL TREATMENT.—*Aletris, Arn., Bell., Helon., Lilium, Lyc., Merc.-S., Nux V., Podo., Sep., Stan., Sulph.*

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Arnica*.—Displacement from a fall, blow, over-exertion, or other mechanical injury.

*Belladonna*.—Sense of weight and bearing-down in the region of the womb, with heat and tenderness; especially suited to *plethoric females* who menstruate profusely, with excessive sensibility and irritability.

*Helonias*.—Prolapsus, with other atonic conditions of the womb.

*Lilium Tig.*—Bearing-down sensations, aggravated by walking uphill, or taking a false step; *excoriating yellow Leucorrhœa; mental depression.*

*Lycopodium*.—This remedy is sometimes required for similar symptoms to those mentioned under *Nux V.*

*Nux Vomica*.—Prolapsus of the womb and vagina with constant *dribbling discharge*; indigestion, *flatulence, Piles*, constipation with straining at stool, and the passage of lumps of hardened fæces, pain in the back, and pressing pain over the hips.

*Podophyllum*.—Prolapsus uteri with concurrent rectal troubles.

*Sepia*.—Prolapsus with great irritability and disposition

to faint, or consequent upon Leucorrhœa, or when the menses are irregular, *scanty*, and attended with loss of appetite, nausea, constipation, bearing-down after exercise, frequent desire to urinate, drawing pains in the thighs, and a feeling as if the contents of the pelvis would fall out. *Sepia* is suited to feeble, nervous women of sensitive skin, with an easily strained muscular system. A *yellowish leucorrhœal discharge*, itchings, eruptions, and tendency to uterine complaints, and Piles, are further indications.

*Stannum*.—Frequent distressing bearing-down sensation, as if the menses would appear; excessive menstruation, preceded by dejection of spirits; constipation and nervousness.

*Sulphur*.—Chronic prolapsus occurring in strumous constitutions; constipation, piles.

ACCESSORY MEANS.—In many cases, *postural treatment* is nearly all that is necessary. The horizontal posture, with the hips elevated, often suffices to cause the womb to return to its proper place, where it will remain if the patient can retain the recumbent posture. This posture should therefore be maintained as long as is consistent with the general health, especially during the monthly period. It is not, however, desirable or practicable for women to remain long in bed. Exercise is necessary for health, and the industrious portion of the community are compelled to work and walk daily. In these cases a *perineal pad* gives temporary relief, and if used at the same time that proper remedies are taken, will ordinarily suffice to effect a cure.

The use of appropriate cold baths, followed by general friction of the skin; *injections* of cold water, or, in some cases, of astringent fluids, by means of the instrument described on p. 77 and the daily use of the hip-bath

(p. 19), are remedial agents whose great value is authenticated by long practice.

In some severe forms of procidentia a good *pessary*, accurately adapted to the size of the vagina, may be used with advantage, if properly applied and not worn too long. Its injudicious use aggravates the mischief. A medical man should always be consulted in such cases.

Violent exercise, lifting heavy weights, scrubbing, ironing, straining at stool, or sitting too long in a constrained posture, must be avoided. Brown bread, vegetables, etc., should be taken to prevent constipation.

*Prolapsus uteri* is so often associated with constitutional causes—general debility, involving the digestive and nervous systems—that a cure must be sought through general constitutional measures, and it is desirable, if practicable, to confide the treatment to a homœopathic practitioner.

## 20.—INFLAMMATION OF THE WOMB (*Metritis*)

This affection may occur in any adult female, and is an occasional serious complication of pregnancy, or of childbirth. The disease may be acute or chronic; the cervix is the part generally involved, and the ultimate tendency of inflammation of the deeper tissues of the womb is towards ulceration.

**SYMPTOMS.**—An attack may commence with a chill, followed by febrile symptoms—full, jerking pulse, great thirst, nausea and vomiting, and sometimes diarrhœa with tenesmus; the bladder is irritable, and there is a feeling of throbbing in the vicinity of the womb, which is swollen and painful. The precise seat of pain depends upon what part, or whether the whole of the womb is involved. There are throbblings, irritability of the bladder and rectum, and the patient maintains the recumbent posture, as sitting



aggravates the pains. Sometimes the disease assumes a typhoid character, and there is excessive prostration, and a dirty-yellow-coated, dry tongue. By comparing these symptoms with those described under "Dysmenorrhœa," they will be seen to vary sufficiently to prevent confusion in the diagnosis.

CAUSES.—Exposure to cold; sitting or standing on damp grass, etc.; suppression of the menses; mechanical irritation, as from excessive coition, tumours, etc.

TREATMENT.—Professional advice is essential in so serious a disease. Until it can be had, *Acon.* and *Bell.* should be administered early, in alternation, every thirty to sixty minutes. As improvement ensues, the medicines may be given less often, or supplanted by one more appropriate, —*Ars.*, *Merc.*, *Hep.-S.*, *Sabi.*, *Nux V.*, *Iod.*, *Plat.*, or *Sulph.*

ACCESSORY MEANS.—Rest as complete as possible, simple diet, with cooling drinks, and fomentations of hot water. In the early stage of the disease the patient may sit in hot water for twenty or thirty minutes, with the shoulders and feet covered. She must retain the recumbent posture until all the inflammatory symptoms have subsided.

## 21.—POLYPUS OF THE WOMB

Among the disorders to which the woman is subject one of the most troublesome is the formation of tumours. About one-third of the cases of uterine disease, after attaining the thirty-fifth year, are due to these growths. There may be one or many, they may vary from the size of a small marble to that of a child's head, they may weigh less than an ounce or many pounds. But whatever be the discomforts and dangers attending them, there is this consolation, that they are not malignant, and do not

degenerate into Cancer. Those to which special reference is now made are Polypi.

VARIETIES.—Three kinds of uterine Polypi have been observed: *mucous* or *gelatinous* (similar to nasal mucous Polypi); *fibroid*; and *cystic*.

CAUSES.—These have never been satisfactorily ascertained. But they are most frequently developed when the menstrual and reproductive functions are most active, and hence it may be inferred that they originate from some abnormal change or condition which occasionally arises at this period. In some cases it appears that the fibroid Polypus is consequent on incomplete involution of the uterus. By some authorities it is supposed that they are due to insufficient nutrition of the system, at a time, perhaps, when considerable demands are made upon it.

SYMPTOMS.—The most constant and alarming symptom, and that which most commonly compels attention to the disorder, is, frequently recurring and distressing hæmorrhage. The flow is very free; usually, but not always, painful; very weakening; and returns every two or three weeks. Other prominent symptoms are enlargement of the womb, sensation of weight, dragging-down, aching, or pains in the pelvis; tenesmus and irritation of the bladder or rectum; uterine colic; the usual symptoms of pregnancy; Menorrhagia; and profuse or fœtid Leucorrhœa, Anæmia, palpitation of the heart, want of appetite, indigestion, irritability of the stomach with retching, constipation, debility, prostration, and unrest, are frequently present. Occasionally, the womb seems to resent the presence of a Polypus, and by contractions similar to those which take place in labour expels it, breaking its attachment and casting it out as a foreign body. Such a termination, however, is not to be expected, and as the profuse hæmorrhages may occasion

very serious constitutional symptoms, the sooner a Polypus is removed the better.

MEDICINAL TREATMENT.—The following medicines have the reputation of being able to accomplish the removal of Polypi,—namely, *Calc.-C.*, *Con.*, and *Thuja*,—but we are not satisfied as to the indications which point to their employment.

MECHANICAL REMOVAL.—When a mucous Polypus is detected, it should be seized firmly by means of a pair of forceps, twisted off, and the point of origin cauterised with *Nitric Acid*. Removal by torsion is greatly preferable to excision, for alarming hæmorrhage often follows the use of the knife or scissors. When a Polypus projects from the *os uteri*, its removal is easy; but when it lies higher up in the cervical canal, or springs from the fundus of the womb, the canal, or, in the latter case, the womb itself, must be dilated, the Polypus seized and twisted off, and *Nitric Acid* applied. *Fibroid Polypus* is more difficult to remove, as it usually grows from the fundus of the uterus, has a firmer hold, and requires the application of the wire *écraseur*. Of course, the care and skill of a professional man are always necessary.

ACCESSORY MEASURES.—To control the hæmorrhage and to restore the impoverished constitution, the Section on “Profuse Menstruation” should be consulted.

## 22.—HYSTERIA

DEFINITION.—The word Hysteria is derived from the Greek word *hystera*—a womb, from the supposed connection of the symptoms with that organ; but it will be directly shown that the uterus and its functions are not essential to the conditions included under the term. The



various phenomena thus designated may be defined as a nervous disease of a *general* and not of a *local* origin, caused by some source of irritation supervening upon a condition of depressed nerve power from emotional causes, and may arise in conjunction with uterine irritation, or entirely independently of such cause. It consists, essentially, of a defective or perverted will, heightened or altered general sensibility, and, usually, some impairment of the general health, but is not necessarily dependent on the female organs of reproduction.

In proof of this the following statements may be adduced:—Hysteria is not limited to the unmarried condition, but often exists in the married, even in the happily married—in pregnant women, in nursing mothers, and in women who have passed the critical age. It often exists, in its highest expressions, in persons whose monthly period and general uterine functions present no anomaly whatever; various functional and organic diseases of the organs in question often exist without any hysterical symptoms; women who have been born without a uterus have been hysterical; and, again, it is well known that Hysteria sometimes exists in the *male* sex.<sup>1</sup>

CAUSES.—Debility is a great factor in the production of Hysteria. Indeed, the absence of any *post-mortem* signs of disease leads to the conclusion that this is generally the sole predisposing cause. Where the supply of blood to the nerves is defective in quantity, or quality, the most favourable condition exists for the production of Hysteria; for the nerve-centres being thus predisposed, any trivial irritation may excite the characteristic phenomena. While, therefore, Hysteria is a disease of a nervous character, it

<sup>1</sup> See papers by Professor Charcot on "Hysteria in the Male," in *Medical Press and Circular*, January, 1886.

may be called into activity by any affection or event that operates powerfully on the system, like suppressed, irregular, or profuse menstruation, Leucorrhœa, pregnancy, prolonged nursing, depressing emotions, fright, the loss of a husband, child, or friend; disappointed love, sensational novel-reading, loss of sleep, and a luxurious mode of life. A predisposition to the disease may be transmitted from the parent, or it may be fostered in the daughter by the force of the example of a nervous mother or elder sister.

SYMPTOMS.—Hysteria is remarkable for the wide range and indistinctive character of symptoms, and the multitudinous diseases it may mimic; we may mention especially—loss of voice, stricture of the œsophagus, Laryngitis, a barking cough (more annoying to the hearer than to the patient), Pleurisy, heart disease, difficulty in urinating, Neuralgia, disease of the spine or joints, and many other inflammatory diseases. In these cases the patient deceives herself, and endeavours by extreme statements of her sufferings to mislead others. An observant medical man, however, need never be deceived. In some cases there is indigestion, a more or less definite affection of the head, chest, or abdomen, or other condition of impaired health or constitutional delicacy. But some cases of Hysteria exist in which there can be detected no other than a nervous derangement. It must not, however, always be inferred, because we designate an affection “nervous,” that the symptoms complained of are not real. The element of exaggeration enters so largely into the hysterical constitution, whether that constitution be original or acquired, that we know persons of this temperament who possess so refined a sensibility to pain and disease that they suffer consequently, under similar circumstances, far more than others of an opposite temperament.

Common  
Types

The most common forms which Hysteria assumes are, according to the late Dr. Anstie, the following, although such a many-sided malady occasionally takes on various other characters. One of the most frequent types of Hysteria is that in which a young girl, harassed by a general feeling of ill-health from too rapid growth, or menstrual difficulties, or both; depressed, perhaps, by an injudicious system of "cram-work" in education; or worried about religion, becomes somewhat anæmic, languid, and feeble in her movements. By degrees the power of volition begins to share in the bodily languor, and the effort of making up the mind to any course of action, especially such an action as is only prompted by the plainest duty, becomes hateful. From time to time, however, she astonishes both her friends and herself by the exhibition of surprising energy in the performance of any work of body or mind which is made palatable by emotional stimulus. She has not any convulsive paroxysms, or other violent manifestations of her uncomfortable state, but she is rather given to causeless tears, and equally causeless laughter. On the whole, however, the spirits are much depressed. Two symptoms are rarely absent—flatulence, and occasional attacks of palpitation, with pain in the left side; there is also generally headache. As the case proceeds, the mental rather than the bodily symptoms predominate; the imperfect self-control becomes more manifest; there is a tendency to helpless dependence on those around, and an imperious craving for sympathetic petting and fuss; and if that sympathy be injudiciously and excessively given, the moral degeneration is apt to become steadily greater: the patient more and more limits her mental life to such thoughts and feelings as can give her some emotional pleasure, she



becomes careless of duty, and very commonly also careless of truth.

Our next portrait is a young, fresh, healthy looking girl, well grown, without a trace of anæmia, indeed not unfrequently with rather a high colour. She may or may not have any derangement of the monthly function. She is usually excitable and sentimental, and suffers frequently from violent palpitation and sudden flushings. Sometimes she loses her voice for days and weeks at a time. But frequent attacks of rumbling wind and sudden distention of the belly constitute her chief distress. When these attacks last longer than usual, the "wind seems to rise to her throat," and the sensation of "*globus hystericus*" becomes fixed there. Occasionally the attack ends with a crying fit, and the discharge of much pale urine; but this is not always the case. Such a patient is often a good hard-working girl, with no *perpetual* indolence of will, but only suffering temporary lapses into defective volition and want of self-control, which lapses may often be accounted for by fatigue from over-exertion. Even this kind of person is made worse if she be surrounded by friends who continually make a fuss about her health. Such patients are commonly found among overworked maid-servants, and generally they do not get the chance of being injured by excessive sympathy.

The third portrait is also one of which most medical men have seen examples. A young girl, in whom the menses have only just appeared, or have even not yet commenced, begins, without obvious reason, to take to sentimental notions, or to adopt an exaggerated "goodness." She is the pet of the worthy village clergyman and his kind-hearted wife, who soon perceive that she is "delicate"; she is a martyr to headaches, and to pains in the back and other parts, which come and go with extraordinary rapidity.

Gradually there grows up a legend in the neighbourhood to the effect that "that sweet Mary Jones has a diseased spine"; and, sure enough, Mary Jones takes gradually more and more to her bed, and at last lies there continually, "quite paralysed in her legs, you know." Perhaps she may never get further than this stage, being luckily dragged out of it by some shrewd and energetic doctor. But if left to her own devices she rarely stops at Paraplegia. The next stage is whispering, or total loss of voice, and then comes inability to swallow. The story of the "fasting girl" is well known; and it is probable that there is more or less of conscious deception in all these cases of hysteric dysphagia, where the refusal of food is apparently complete, for such patients are by that time nearly always accomplished liars. At any rate, this is certain, that the whole train of symptoms are often rapidly curable by moral influences skilfully applied, and simple tonic remedies.

Take yet another picture. A poor married woman has had children with great rapidity, and is therefore trying to avoid a fresh pregnancy by suckling her last baby, though it is eighteen months old. She is anæmic and haggard; she complains of almost constant sore pain over the top of the head; she complains also with especial bitterness of pains at particular points in the trunk, chiefly in the spine, in the right hypochondrium, and beneath the left breast. The voice is whispering or absent, and there is also nearly always hysterical globulus.

Sometimes a medical man may for a moment experience difficulty in deciding whether a patient be suffering from Hysteria, or from an acute inflammatory disease; but he is able by the use of the thermometer to determine the point. The temperature of patients in acute

inflammation is invariably raised; but the temperature of hysterical persons is always natural (98° Fahr.). Further, the state of the pulse, the character of the pains, and the general condition of the nutritive processes, furnish additional proofs of the real character of the disease. The *ideal* nature of hysterical sufferings may be further proved by diverting the patient's attention from the part complained of: then, firm pressure on the part, or the sharp movement of a joint, may be borne without complaint, whereas the slightest touch was immediately before said to be "agonising in the extreme."

In Hysteria there is absent the suddenness of seizure, the complete loss of consciousness, the dilated pupils, the bitten tongue, and the total disregard of injury to person or clothes that mark Epilepsy. There is much sobbing and crying, much exhaustion, but no perfect stupor in Hysteria, nor is an attack followed by profound sleep.

If the epiglottis be touched with the finger, and prove insensible, the case is hysterical.<sup>1</sup> A French physician is said to have thus tested twenty thousand cases.

A paroxysmal form of Hysteria may be caused by some transitory occurrence, as a real or imaginary grievance. The patient is talking in an agitated manner; she is laughing or crying, or both; then she bursts out into an immoderate fit of one or the other; *the Globus hystericus* begins to form and to rise, and as soon as it reaches the throat, the patient screams or makes an incoherent noise, appears to lose all voluntary power and consciousness, and falls to the ground. On closely watching a case, however, it will be noticed that there is not absolute loss of consciousness; the patient contrives to

<sup>1</sup> See *Quain's Dictionary of Medicine*, article "Hysteria," by Dr. Buzzard.



fall so as not to injure herself or her dress; an attack does not occur when she is asleep or alone; the countenance is not distorted as in Epilepsy; the eyelids may quiver and the eyes be turned up, but the eyes are not wide open, nor the pupils dilated, as in Epilepsy, and the patient may be observed to see and to look, and to have her paroxysms at longer intervals if she observes the medical attendant conversing on other subjects. The breathing may be noisy and irregular, but there is no such absolute arrest of breathing as to cause Asphyxia; the fit continues for an indefinite period, followed by apparent exhaustion, but not by real stupor.

**The  
Hysterical  
Expression**

An easily flushed face; the features rapidly respond to the mental emotions; the upper lip is deep and prominently full.

The eyeballs are large, and the *sclerotic* (white-of-the-eye) of a transparent sky-blue; the pupil is much dilated, giving a general dark hue to a naturally light eye, and the conjunctiva is smooth and bright from tears on every emotion. The eyelids are large, full towards the outer angle, giving a drooping, appealing expression to the face (the "sweet expression" of ladies). Of these several hysterical marks, the puffiness of the eyelids and the dilatation of the pupil are the most constant—indeed, are seldom absent and seldom deceive (*Chambers*).

**MEDICINAL TREATMENT.—**

1. *During the paroxysms*.—Bell., Cham., Moschus.
2. *Between the paroxysms*.—Acon., Asa., Aur.-M., Bell., Calc.-C., Caust., Cham., Cim., Cocc., Coff., Hyos., Ign., Kal.-Br., Mosch., Nux V., Plat., Puls., Sep., Staph., Valer.

**LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—**

*Asafœtida*.—Hysteria from inertia or irritability of the biliary system, with *burning dryness of the throat*; cutting,

*crampy pains*, or distention of the abdomen; nausea and inclination to vomit; constipation or diarrhœa, with frequent urging; high-coloured, strong-smelling urine; sensation as of a ball rising in the throat; premature, painful menstruation; uterine excitement; depressed, fitful spirits.

*Aurum*.—Hysteria with excessive menstrual discharge, congestive headache, *melancholy*, etc.

*Belladonna*.—In the congestive form; also during the fit, when the face is red and turgid, and the veins of the neck swollen, with other symptoms of determination of blood to the head.

*Calcarea Carb*.—When the Hysteria approaches to Epilepsy, too frequent and profuse menstruation, nausea, fainting, and spasms on swallowing.

*Causticum*.—Loss of voice, pains in the neck or abdomen; profuse flow of urine; dejection.

*Cimicifuga*.—Hysteria associated with *uterine disturbance*; mental restlessness, irritability, and despondency; *pains in the left side and under the breast; sinking* at the stomach, etc.

*Cocculus*.—Hysteria with *menstrual colic*, irritability, dejection, and copious discharges of pale urine.

*Coffea*.—Hysterical symptoms from worry, with *sleeplessness*, the mental faculties being *incessantly active*. According to Dr. Ludlam it is especially adapted to the affections of elderly ladies.

*Ignatia*.—Hysterical convulsions with the *sensation of a ball in the throat*, suffocative constrictive sensation, and difficult swallowing; heightened exhausted impressionability of the whole nervous system, with frequent changes from high spirits to dejection; Hysteria from *disappointment*, mortification, or any intense mental excitement.

*Moschus*.—Hysterical attacks with *fainting*; small, fluttering pulse; coldness of the surface. Like *Camphor*, it is

specially useful during a paroxysm, and often cuts it short. It is of less service between the attacks.

*Nux Vomica*.—Hysteria with *constipation*, bitter or acrid eructations, *flatulence*, hiccough, distention and pain in the stomach, headache, giddiness, faintness, etc. After a few days *Sulphur* may be substituted.

*Platina*.—Hysteria with *depression of spirits*; anxiety, irritability, and nervous weakness, especially if associated with uterine congestion; early, excessive, or too prolonged menstruation; sexual excitement.

*Pulsatilla*.—Hysteria with *suppressed period* or uterine disorders, especially when the *Puls.* temperament corresponds. It may be followed by *Sabina* or *Silicea*.

*Sepia*.—In persons of a sad, desponding disposition; spasms in the throat or chest; anxiety, faintings, with much perspiration; menstrual irregularities.

*Valerian*.—Hysterical spasms occurring chiefly in the evening; lump in the throat; profuse, clear, watery urine; great emotion, tendency to cry, and prostration; Neuralgia, particularly ovarian.

ACCESSORY TREATMENT.—I. *During the Fit*.—After the patient's clothes are loosened, and an abundant supply of fresh air is secured, an attempt may be made to arrest the hysteric convulsions by a method suggested by Dr. Hare—viz., that of forcibly preventing the patient from breathing for a certain time, by holding the mouth and nose. The effect of such constraint is to make the patient, when allowed to do so, “draw a long breath,” this vigorous inspiration being usually followed by a relaxation of all spasm, and a disappearance of the fit. Prolonged attacks are notably benefited by this plan of treatment; in brief ones there is neither time nor need for it. Dashing cold water on the face and neck, or pouring water out of a large



vessel from a height directly over the mouth and nose of the patient, so as to stop her breathing and force her to open her mouth, often succeeds. "A calm manner," says Dr. Reynolds, "the absence of all appearance of alarm, and of either scolding or distressing sympathy—all of which things the apparently unconscious patient observes much more accurately than do her frightened friends,—will sometimes bring a fit to a speedy end."

II. *Between the paroxysms.*—1. *Occupation.*—Besides regular out-of-door walking exercise, cheerful society, conversation, and recreation, physical and mental occupation of a useful nature should be strictly enjoined. Healthy, useful employment should become a uniform habit, and the patient be led to feel that life is not a mere holiday to be passed in frivolity and idleness, but a highly important period of existence to be spent in usefulness and enjoyment. Absence of occupation favours that meditative mood into which hysterical patients are liable to fall, and renders cure difficult. See also observations on occupation under "Accessory Measures" in the next Section.<sup>1</sup>

2. *Removal from home influences.*—Nothing, perhaps, interposes greater obstacles to recovery than the misplaced tenderness, anxiety, and sympathy of friends, and the constant recurrence of influences which tend to perpetuate the disease; so that sending the patient from home away

<sup>1</sup> Recently the Author met with a striking confirmation of the value of useful occupation as a cure for Hysteria. A patient, a young lady, who a few years ago gave him much trouble, and was an occasion of great anxiety to her friends, happily had her attention and interest excited in a great benevolent scheme for ameliorating the condition of orphan children. The carrying out of this scheme necessitated much thoughtful attention and no inconsiderable physical application. But from the wholesome direction thus given to her thoughts and the new purposes infused, and work given her to do, she has been lifted out of her former self, and has now become, to the fullest extent, healthy and happy.

from her accustomed habits and associations, under the care of kind but judicious friends, offers a favourable chance of recovery. This is easy of accomplishment in the poorest classes, who can be sent into a hospital, and in the richest, who can be placed under the care of a physician or competent friend. But this is often next to impossible for the families of retail shopkeepers, curates, village doctors, and others, from the union of a light purse with a weighty feeling of independence. One plan can sometimes be adopted—namely, to negotiate an exchange of patients, where families of about the same social standing are simultaneously afflicted with a hysterical member (*Chambers*).

3. *Disuse of Stimulants*.—The daily consumption of alcoholic beverages for the debility and other symptoms of Hysteria is a delusion, and should be strenuously opposed. In Hysteria, wine is a mocker. It yields but the semblance of strength, and instead of benefiting, it tends to confirm and perpetuate the worst symptoms of the complaint. There is, too, real danger lest the patient should soon begin to appreciate the pleasurable sensations yielded by alcohol so highly that she ultimately becomes an inebriate. Faintness from defective nervous supplies is relieved by stimulants, but the exhaustion quickly returns, with the temptation to seek relief by the same remedy. It is most difficult to persuade the patient that the exhaustion is really increased and perpetuated by the stimulant,—and that if she will withhold the irritating draught the nerve-power will recover, the appetite return, and the functions be restored.

4. *The Shower-Bath*.—The fortitude involved in submitting to the shock of a cold shower-bath is splendid discipline, and aids the cure by giving the patient more moral power. Besides, shower-baths improve the circulation

by forcing the venous blood to the heart and lungs, and bringing arterial blood to the surface, as seen in the healthy glow of the surface of the body. Patients not accustomed to bathe may commence by taking a few tepid baths. To prevent the inconvenience arising from wetting the long hair of the head, an oiled silk covering may be used to keep it dry.

5. *General Cautions*.—Crowded, badly ventilated, and too brilliantly lighted churches, theatrical exhibitions, exciting sensational novels, tight stays, and late hours in retiring at night and rising in the morning, should be resolutely forbidden. The diet, rest, study, recreation, as well as the various bodily functions, should receive intelligent and uniform attention. When speaking to a sufferer about her disorder, it is well to avoid the term “Hysteria,” and to assure her that it is curable and not dangerous.

HYSTERICAL RETENTION OF URINE.—Dr. J. W. Curran recommends a simple and prompt remedy for this distressing symptom—viz., plunging the hands in a wash-hand basin full of the coldest water, and moving them about in it, as if in the act of washing. In every instance in which this expedient was tried it was immediately successful; it may, therefore, be recommended for general adoption as more convenient than a *warm hip-bath*, and infinitely more desirable than the use of the *catheter*. The latter, as a rule, is both unnecessary and improper in such cases of retention. As confirmatory of this, any person may notice that the plunging of the hands into cold water, when urine has accumulated to any extent in the bladder, is rapidly followed with an irresistible desire to urinate, although the desire to do so had not been previously felt.



23.—SPINAL IRRITATION (*Neuralgia Spinalis*)

DEFINITION.—A *localised tenderness* over the spine, induced or aggravated by pressure on the tender spot, with constitutional weakness, and various reflex symptoms. Spinal irritation is often a combination of the myalgic and hysteric conditions. The affection is essentially nervous in its character, and leaves no discernible *post-mortem* traces.

VARIETIES.—There are several varieties according to the locality of the lesion. 1. *Cervical*. The tenderness being in the back of the neck. The accompanying symptoms may be headache, faceache, fits of insensibility, affections of the arms, cough, and even pain in the stomach, sickness, or vomiting. 2. *Cervico-dorsal*. The tenderness being centred at the junction of the neck and chest, and the pain in the stomach and side, oppression of breathing, heartburn, and palpitation are more decided. 3. *Dorsal*. In this variety the hyperæsthesia is in the upper parts of the back, with the symptoms of pain in the stomach and side, cough, oppression, fainting, hiccough, and eructations. 4. *Dorso-lumbar*. Here the tenderness is in the waist, and in addition to the symptoms in the previous variety, there are pains in the abdomen, hips, and legs, and urinary troubles. 5. *Lumbar*. The tenderness is below the waist, and there may be a tendency to a kind of paralysis or great weakness of the legs, in addition to the symptoms mentioned under the last variety. 6. *Fugitive* tenderness in different portions of the spine, with the various symptoms previously mentioned correspondingly modified.

SYMPTOMS.—The initiatory are, generally, headache, limited to one spot or to one side, or to the brow or cheek, with sleeplessness, distressing dreams, or nightmare, nausea, or vomiting, cold hands and feet, and alternate chills and

flushes. All the symptoms are intensified by exertion, bodily or mental, and the patient evinces an almost constant desire to lie down. The symptoms differ according to the part affected (see Varieties), the most characteristic one being *local tenderness*.

SPINAL IRRITATION AND OTHER DISEASES.—Spinal irritation may simulate or co-exist with Hysteria; but to the skilled observer there are distinguishing features. In Hysteria the sole of the foot, and the skin generally, are commonly insensible to tickling; in spinal irritation, on the contrary, irritability is intensified. Patients do not complain of such extreme depression of strength as in Hysteria, but are chiefly weak when in pain. This affection may be distinguished from actual disease of the spine by observing that the tenderness, though excessive, is *superficial*, and the patient complains more when the skin is touched than when the vertebræ are pressed. There is also the absence of impaired nutrition, wasting, and other signs of constitutional disturbance.

Further, in diseases of the spinal cord, as a rule, the spine is *not* tender to pressure; whereas in Spinal Irritation such tenderness is perhaps the most marked symptom. The personal and family history, and the cause of the derangement, will aid the diagnosis.

CAUSES.—The most powerful and frequent *predisposing* cause is hereditary tendency, especially when Hysteria, Epilepsy, Insanity, or other neurosis exists in the family. What is termed a *nervous constitution* underlies nearly every case of Spinal Irritation. Anæmia, sexual derangement, sterility, and absence or non-exercise of the maternal instincts, are also predisposing causes. Neglect of physical exercises, sexual excesses, onanism, are powerful and prominent factors of this affection. In short, everything that tends

to exhaust vital power, and consequently produce a *nervous condition*, must be accounted a cause. The *exciting* causes are—shock, or grief; injury to the spine, as by railway accidents, blows, falls, etc. To the latter, men are, of course, equally liable; but the nervous system of women is more impressible, so that the immediate shock is more severely felt, and its sequelæ are more likely to be deep and lasting. For a like reason, various kinds of rough exercise that keeps the spinal muscles on the stretch—jumping, travelling over rough roads, horseback exercise, etc.—may act as powerful exciting causes.

PROGNOSIS.—Spinal irritation from mental shock, in a sound nervous constitution, can generally be cured, however severe the symptoms. When due to injury of the spine, the probability of a cure is in inverse ratio to the extent of the injury. Dr. Anstie states that such patients usually recover, *when it is their interest to do so*. When sexual irritation underlies the condition, we can fairly encourage the hope of a cure when there is a prospect of legitimate gratification of the maternal instincts.

#### EPITOME OF MEDICINAL TREATMENT.—

1. *From injury to the spine*.—Arn., Ham., Rhus, internally and locally. For the latter purpose, the strong tincture should be used, diluted with hot water, and applied hot or warm.

2. *Associated with Uterine symptoms*.—Cim., Ferr., Gels., Ign., Macrot., Puls.

3. *With Rheumatic symptoms*.—Acon., Arg.-N., Cact., Caul., Cim., Colch., Rhus, Spig., Sulph.

4. *With Neuralgia*.—Ars., Atrop., Bell., Coloc., Nux V., Ver.-V.

#### LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—Recent cases, and when *heats and chills*, and other fever symptoms, preponderate.



*Argentum Nitricum*.—One of the most useful of all medicines in this disorder; great tenderness of spine, puffing and numbness of hands and feet, constipation, paralysis.

*Arnica*.—When spinal irritation is caused by *injury* this remedy is generally required, alone or in alternation with another more suited to the constitutional condition.

*Belladonna*.—Predominance of *brain symptoms*; excessive spinal tenderness.

*Cactus*.—Faintness; palpitation; sensation as if the *heart were held tightly*.

*Cimicifuga*.—Nervous restlessness, headache, tremors; nervous weakness and prostration; *pain under the left breast or in the left side*; pain in the back and lumbar region; palpitation; numbness of the left arm; *uterine irregularities*.

*Cocculus*.—Painful stiffness of the back and one side; oppression of the chest; giddiness; *colic*; sickness; trembling of the limbs; *numbness of the right side*.

*Ferrum*.—Anæmic symptoms; palpitation; menstrual irregularities; *inability to retain the urine in the daytime*.

*Ignatia*.—Spinal irritation from *mental shock, grief*, or associated with Hysteria; depression, sleeplessness, frequent yawning, stiffness of the back, *flatulence*, copious discharge of *pale urine*, etc.

*Nux Vomica*.—Jerking of the hands or arms, pain in the side or stomach, nausea, *heartburn*, eructations, and *constipation*; *urinary difficulties*; sleeplessness and troubled dreams.

ACCESSORY MEASURES.—A lotion or liniment of *Arn.*, *Bell.*, *Ver.-Vir.*, *Acon.*, or *Rhus*, for local use, is advisable when the same remedy is being administered internally, especially when the affection is the result of injury. *Fara-dization* is often of great service. A few sittings daily for

four or five minutes will sometimes completely remove the morbid sensitiveness. A wet compress over the tender spot will also afford relief. Sometimes a *Belladonna plaster* gives much comfort. Rest in the horizontal posture may be necessary, but it should be combined with fresh air and moderate exercise. Daily exercise in the open air, gently commenced and gradually increased, greatly aids recovery, and by it, combined with remedies, we have witnessed the complete recovery of most unpromising cases. Sea or mountain air is sometimes desirable. The diet should be generous and varied. Generally, stimulants are not necessary, unless by their *temporary* use the appetite is improved.

But some physicians affirm that stimulants are necessary to the cure of the affection, and attribute as a frequent cause of the disease the neglect of the use of some form of alcohol. Except, however, as a mere temporary expedient, we believe alcoholic stimulants to be unnecessary and injurious.

OCCUPATION FOR LADIES.—For unmarried patients, after the severe symptoms have been modified by treatment, it is of supreme importance that some *occupation*, undertaken in a business-like way, should be provided.

“There is far more good in prophylaxis than in direct curative treatment for these disorders (Hysteria, Spinal Irritation, etc.); and half the sufferings which they produce would absolutely never arise if at the critical period of bodily development the nervous system were steadied and strengthened by the influence, at once sobering and inspiring, of an education directed towards the acquirement of an honourable profession or commercial career, which might give women the inexpressible comfort of feeling that they are independent of such accidents of life as marriage or not getting married.”—(*Dr. Anstie.*)

We sincerely hope ere long to see a wider range of avocations opened up to ladies, suited to their tastes, education, and social status; for when such occupations are provided, spinal irritation will become of far less frequency.



## CHAPTER V

### REPRODUCTION

#### 24.—MARRIAGE

THE vast practical importance of the various points included in this Section and the following Sections is our apology for introducing them. In other works, and also to some extent in this one, we have attempted to show the value and bearing of pure air and water, light, exercise, recreation, good food, etc., on health and long life. Here, however, we carry our researches further back, and venture to offer suggestions concerning the exercise of those functions of the male and female organs of reproduction on the integrity of which depends, to a great extent, the physical and moral qualities of individuals.

The question of the marriage of unsuitable persons, or of marriage at an unsuitable age, is often either disregarded, or viewed from a too narrow standpoint, as if it only concerned the individuals forming the alliance. Our responsibility, however, imposes on us the duty of enforcing the truth that the health, happiness, and material greatness of future generations are involved in such marriages. No one but a physician, who sees human nature in all, even in its darkest aspects, can fully appreciate the subject, or accurately trace its workings in society. The several points, here only briefly alluded to, are of pressing importance, and should be seriously pondered, in all their bearings, by persons contemplating marriage, and by parents and guardians.

**Marriage-  
able Age**

From twenty to twenty-five years of age may be stated as the most suitable time of life for contracting marriage on the part of women. Although the function of menstruation commences from the fourteenth to the sixteenth year, yet the female constitution is not sufficiently formed and matured till twenty or twenty-one years of age to permit of marriage without risk of injury to health and comfort. Some exceptions to this may exist in persons who have acquired at about nineteen that physical and mental perfection which the majority of persons in this country only attain some years later. On the other hand, too late marriages frequently entail much discomfort, and the children of such parents are often sickly, and die prematurely. But these points are more fully and separately considered further on.

**Precocious  
Marriage**

Physiology clearly teaches that both animals and plants must acquire full development before they are capable of reproducing their species in the highest and most vigorous condition. Too early marriage often results in arrest of development, a shattered constitution, and generally impaired health in the mother; such marriages are also generally "less fertile, and the children who are the product of them are weak, puny, and have an increased rate of mortality" (*Duncan*). Further, premature marriage, by anticipating the demands of nature, increases the sufferings and dangers of childbirth. Anatomical facts may also be briefly cited to confirm the correctness of our conclusions. The perfect ossification of the pelvic bones, and their complete union to one another, do not usually take place till after twenty years of age; nor is it till about this period that the pelvis has fully assumed the form, shape, and distinctive sexual features so admirably suited for the

functions of child-bearing. It is well known that the pelvis of the two sexes differ but little till puberty; but at that period the female pelvis begins to assume its striking characteristics; its cavity becomes capacious and broad in both its diameters, and the inlet and outlet also enlarge. These and other characters so necessary for maternity are not fully developed till after that maturity of growth, the process of years, which only fairly *commences* about the time of puberty. "When I am consulted," writes M. Joulin, "as to the opportuneness of a marriage for subjects who are too young, I am accustomed to respond to the parents that they should not marry their daughter until a year at least after her stature has ceased to increase. This is the epoch that I fix for nubility." The early exercise of the sexual functions of the lower animals does not disprove our argument. The life of the sheep, for example, is much briefer, its office much more material, and its sexual propensities are therefore manifested at a much earlier age.

Under this heading we deem it desirable  
**Late**  
**Marriages** to make some additional remarks with the view of correcting popular fallacies on so important a subject. "The lateness of marriages," Graves says, "may be generally taken as a good test of an improved state of society, and as exhibiting that power of moral restraint over the passions which should characterise civilised and intelligent beings." If by late marriages, in the above quotation, is meant marriage contracted many years after the period stated in a previous paragraph as the most fitting, then, from more than one point of view, we must decline to regard it as indicative of, or favourable to, the morality of society. The political and even the moral philosopher betrays a lack of sound wisdom, and an incomplete view of human nature, if, in his calculations,



he ignores or underrates the sensuous element of our nature.

In considering human nature, as medical men, we can scarcely avoid taking all parts of it into view. In the exercise of our profession we have frequently repeated evidence that the great functions of the body and the high aspirations of the soul act and react upon each other. Whatever may be the theories of moral and speculative philosophers, our profession compels us to regard men and women as complementary beings, *mutually dependent on each other for health, virtue, and happiness*, this dependence commencing on the attainment of manhood and womanhood. By observing, as nearly as circumstances permit, the period of marriage before noticed, an important step will be taken towards maintaining the health, happiness, and morals of all classes.

Marriage, moreover, if suitable and happy, lengthens life. The relative influence of marriage and celibacy on the duration of life has been ascertained. And the result is that the mortality is considerably less, both among men and women, in the married state, than among the celibate and widowed. This opinion has indeed been controverted; and it has been affirmed that longevity, instead of being a consequence of marriage, is simply a correlation of it; that they are concomitant results of the same cause—viz., constitutional vigour. Where the reproductive instincts are strong the surplus vital energy is great, and the organisation is likely to last. This may be true, but we nevertheless think that well-assorted marriage lengthens life.

In thus recording our matured opinion on this subject, we may be excused detailing, in a domestic Manual, the varied kinds of evidence on which it is based. Let the inquiring mind look around, and somewhat beneath the

surface of society, carefully examining what will thus come to view, and proof will be ample and varied that deferment of marriage many years beyond the period indicated is not always consistent with physical and moral well-being.

**Disproportionate  
Ages**

A considerable *disproportion between the ages* of the husband and wife is to be avoided. When circumstances are favourable to such an arrangement, there should not be more than three to five years' difference between the ages of the man and the woman, the husband being the senior.

**Ill-health a  
Contra-  
Indication**

A little reflection will convince anyone of the disastrous consequences likely to spring from the *marriage of unhealthy persons*. "The fact cannot be disputed, though appreciable with difficulty, that the natural and special dispositions of the individual descend to him in a certain measure from his origin, and that parents transmit to their children such and such moral propensities, just as they do such and such physical temperament, or such and such features. Hereditary transmission enters into the moral as well as into the physical order of the world" (*M. Guizot*). Disease, then, as well as peculiarities of character, may be transmitted from parents to children. This is no mere theoretical statement, but a truth based on practical observations a hundred times verified; and it should convey a most impressive lesson. If, for example, the consumptive young woman marries, she becomes a mother—for the consumptive are generally prolific—and indelibly imprints her infirmity on her offspring, while she exposes herself to the perils of childbirth, a hundredfold heightened in such a disease. The observant medical practitioner only, who can trace effects to their

causes, can gauge the suffering and bitter disappointment which result from such marriages, and should be consulted *before* marriages are arranged. It will be obvious that unless the fountain whence much physical evil flows—hereditary taint—be itself purified, nothing can effectually check the progress of maladies universally prevalent, and destructive to happiness, health, and longevity. So long as a reproducing agent is constantly at work, imprinting at the time of impregnation the elements of disease on countless numbers of children, nothing can prevent the multiplication of the evils consequent on diseases and premature death.

The consequence of the *intermarriage of persons of the same blood*, such as first or second cousins, is to perpetuate and intensify any constitutional infirmity in the next generation. **Marriage of Near Kindred** Family weaknesses or defects, perhaps of no grave importance, are confirmed by intermarriage, and may readily become developed into actual disease. The marriage of near relatives in whose families a consumptive cachexia exists leads to a concentration of the disease in the offspring, and lays the foundation of some of the most destructive maladies to which the human frame is liable. More than this. A convergence of ancestral liability to disease not tubercular is likely to lead to that disease in its most active form. A large proportion of those children who are born with defective senses—blind, deaf, dumb, etc.—are the offspring of near relations. It has been stated on the highest authority that the marriage of first cousins is undoubtedly the most prolific cause of congenital deaf-mutism known, and it frequently affects the sight and constitution generally, and the mental capacity as well. Of nine children of a working-man, eight were deaf and dumb, and so weak in constitu-



tion that at one time the three youngest (though born separately) could not walk. In a clergyman's family, out of eight children, four were afflicted, one being deaf and dumb with imperfect sight, another deaf, dumb, and blind, two others deaf, dumb, and idiotic. Such cases could be multiplied almost indefinitely. They are full of warning against the marriage of blood relations. It has, indeed, been argued that marriages of consanguinity do not of themselves entail any evil. But the preponderating weight of evidence is opposed to this. Persons with a slight hereditary liability to Consumption, or other affection, but without any active disease, forming judicious marriages in families of *healthy* blood, may lead to such an admixture and dilution of the disease-element affecting the one parental side, that, in process of time, it may become altogether inoperative. But there are very few families in a community such as ours, so free from lurking mischief as to be able to venture on such a course.

**Restrictions to Marriage**      The tendency of the remarks in this Section, it may be objected, is to restrict the personal liberty of individuals in marriage. We candidly admit this to be the case, and although somewhat in advance of the age, the doctrine is, we believe, thoroughly sound. The modern views of evolution, especially as propounded by Darwin, prove that our nature, bodily and mental, is the direct outcome of that of preceding generations; and that we, the present generation, are "like the living fringe of the coral reef, resting on an extinct basis afforded by our forefathers, and shall in our own turn form a basis for our descendants." If it be argued that the future must be allowed to develop itself without any attempts on our part to mould it, the above author instances compulsory education, vaccination, and

sanitary laws as evidences that we are now making attempts to influence the future; and he justly adds, that as our scientific knowledge becomes wider and more exact, we shall see the wisdom of extending the scope of this kind of legislation. "Simultaneously," writes Mr. George Darwin, "with the diffusion of the belief in the truth of the doctrine of heredity will come the recognition that it is as much a duty to transmit to the rising generation vigorous minds and bodies, as to hand down to them a finely constituted society and government."

We have elsewhere enforced this doctrine of restricting the liberty of individuals in marriage,<sup>1</sup> and can only here express the hope that wider diffusion of the doctrines of the hereditary nature of the diseases of humanity may lead individuals to appreciate the extent to which their capacity for weal or woe, and that of their children and their children's children, depends upon their acting in harmony with the knowledge they enjoy of nature and nature's laws, and the wonderful power that an existing generation possesses of moulding, to a very high degree, the fates of that which is to succeed it.

The general correctness of the fragmentary observations made in this Section is abundantly established by physiology. It is not presumed that they can or always will be literally acted upon, at least not until the laws of our natural being are more generally studied and better understood. Our object, however, is that they should be instilled as first principles in the minds of the young and their counsellors, in order that their application may be facilitated as circumstances permit.

<sup>1</sup> "Hereditary Predisposition," p. 26 in "Consumption and Tuberculosis of the Lungs."

## STERILITY

### 25.—STERILITY

There is perhaps no condition in the life of a married woman that more frequently gives rise to reproach and domestic unhappiness than that of Sterility. If she be sterile, she will fail to secure the great purpose of marriage—to “multiply, and replenish the earth.” From circumstances that frequently come before us, we regard the subject as one of sufficient importance to justify the appropriation of a Section to its consideration.

CAUSES.—To determine in many cases the causes of Sterility, considerable medical knowledge is necessary, and, in particular, the anatomy and physiology of the generative organs. The application of such knowledge not unfrequently enables its possessor to detect and remove causes of Sterility long in existence that would otherwise have escaped observation.

*The causes of Sterility* may be *local*, affecting some portion of the generative apparatus; or *constitutional*, the sexual functions suffering in common with those of the body generally.

#### Local

The *local causes* are very varied, and we can only mention a few of the more prominent. Such are—an imperforate hymen, or one only so slightly perforate that effectual congress is prevented; narrowness or partial closure of the vagina, neither as a natural defect or as the consequence of difficult labours; tumours or polypi in the uterus or vagina; closure or partial closure of the neck of the womb, after being torn, as a consequence of difficult labour; the improper use of caustics or aphrodisiacs; the use of purgative drugs; inflammation of the ovaries; adhesion or occlusion of the Fallopian tubes; Subinvolution, displacements, or flexions



of the womb; Leucorrhœa; ill-timed or too frequent sexual intercourse; ulceration of the womb, etc.

*Leucorrhœa*.—This discharge may exert considerable influence by diminishing susceptibility to fecundation, either by its profuseness or by its acidity. It seldom exists, however; to an extent sufficient to cause Sterility, without its influence on the general health becoming more or less apparent.

*Membranous Dysmenorrhœa* may be a cause of barrenness in this wise: conception may take place, but at the return of the menstrual epoch the patient experiences an abortion by the throwing off the lining membrane of the womb (which should form the outer membrane of the fœtus), and with it the *ovum* is expelled. The cure of Sterility from this cause can only be accomplished by the correction of the tendency of the lining of the womb to exfoliate.

**Constitutional**

The *constitutional* causes include those in which the general physical powers are exhausted, as the consequence of acute or chronic disease; obesity; severe, protracted, or unaccustomed exertion; too close application to business, or excessive exertion of the brain, thus absorbing an undue amount of nervous power which otherwise would be more equally diffused for the efficient discharge of the general functions of the body. In this way the generative system may be impaired by the divergence of the nervous influence which its healthy functions demand. Under constitutional causes may be classed very early and very late marriages, which show a large proportion of cases of Sterility.

**Luxurious Living**

Indolent and luxurious habits, excessive indulgence in the pleasures of the table, and especially the free use of wine, are frequent causes of Sterility. The industrious and frugal

portions of the community are, it is well known, far more prolific than the higher ranks of society. In his work on the law of population, Mr. Sadler incontrovertibly proves that the fecundity of the human race is diminished by the indolent and luxurious mode of life prevalent among the rich, whilst it is augmented by the industrial habits and spare diet of the poor; . . . the proportionate infecundity of the two being, in general terms, as six to one. Excessive eating may cause Sterility by leading to excessive accumulation of fat. There is an intimate connection between the sexual and the nutritive functions; and thus ladies, when the child-bearing period has passed, often become corpulent.

**Irritability** Defective, or, on the other hand, excessive nervous irritability, may operate as an obstacle to impregnation. Deficient sensitiveness may hinder fecundation; or, the activity of the structures may be in such excess that their vitality is destroyed, as it were, by their own vehemence.

**Emotional Causes** We may also notice what may be termed *emotional causes* of Sterility; and although these are probably less influential than many of the other varieties, they are still sufficient to operate prejudicially to conception. There should be the most perfect harmony and congeniality of taste, temper, and disposition between the husband and the wife, the one responding to the other, without any sense of discord or feeling of repugnance.

**TREATMENT.**—In the treatment of Sterility, an investigation of the cause, which is the first step towards the cure, should be made, so that if possible it may be removed. Sterility from congenital malformation is generally incurable. On the other hand, numerous cases are exceedingly simple in their nature, and quite amenable to treatment.

A temporary separation, or a change of diet, habits, or climate, sometimes leads to successful results. The horticulturist, by transplantation to a congenial soil and climate, and supplying it with altered and suitable conditions, makes a tree, which had heretofore yielded leaves only, produce blossoms and fruit. So equal care and skill in the application of physiological laws and hygienic conditions may be expected to reward the efforts of the physician to make the human species increase and multiply.

A careful selection of food will aid in the removal of the sterile condition. Whatever is nutritive should be preferred; foods that contain a large proportion of phosphorus; fish, especially shell fish, if it can be digested; these will increase the nerve-power.

REMEDIES for constitutional sterility:—*Bary-Carb.*, *Calc.-Carb.*, *Cann.*, *Coni.*, *Ferr.*, *Helon.*, *Nux V.*, *Phos.*, *Ac.-Phos.*, *Plat.*, *Sabi.*, *Senec.*, *Sep.*, *Sulph.*

One or more of the above remedies may be selected according to the general and local symptoms in each particular case, and if combined with constitutional treatment, are often sufficient to bring about the desired physiological change.

## 26.—CONCEPTION

Impregnation depends on the union of certain elements furnished during sexual congress, and which are alike indispensable. And it needs but a superficial acquaintance with human history to know that the future being, in its physical and intellectual powers, during the whole of life, is to a great extent determined by the actual condition of the sperm-cell and the germ-cell furnished by the parents. Education, and hygienic connection, it is true, may improve



an imperfectly organised embryo; but the fact remains, and its general recognition is of great importance, that the qualities of the germs furnished at the period of impregnation will cling to the individual during the entire period of natural life. The practical lesson to be gathered from this fact is, that sexual connection, at least whenever conception is a possible result, should only take place under favourable conditions. There should be at the time the most perfect health; also freedom from bodily fatigue, mental excitement or depression, and the disturbing influence of active digestion, as after a full meal. The essential conditions, then, necessary for the production of healthy and beautiful children are, good health on both the paternal and maternal sides, and the observance of correct rules, a few of which only are referred to in this work.

The time most favourable to impregnation is that immediately following the cessation of the menstrual discharge. Women have then a much greater aptitude to conceive. "Everything seems admirably prepared at this period for the reproduction of the species" (*Cazeau*). The explanation of this may be here briefly summarised. At every menstrual period an *ovum* or egg is matured and expelled from its Graafian vesicle, and a woman is only liable to impregnation on its meeting and blending with the necessary fecundating principle. The time occupied by the passage of the ovum from the ovary to the uterus is not accurately known, but varies from five or six to eight or more days, differing probably in different persons and in different conditions of health. When the passage of the ovum is completed, the liability to pregnancy is supposed to cease till after the next menstruation. An entirely different doctrine, however, to that above enunciated is now beginning to prevail, and we will now briefly state the new, and probably correct,

doctrine. Modern research tends to prove that a developing ovum or growing embryo does not belong to a menstrual period just past, but rather to one immediately prevented by fecundation. In short, menstruation is now considered to be a degenerative process, a kind of fatty metamorphosis similar to that which takes place at the end of pregnancy, and its occurrence proves that the ovum has already perished. Hence, according to this doctrine, the time most favourable to conception is the few days *preceding* the monthly period.

## 27.—MATERNAL IMPRESSIONS

Some doubt has been expressed as to whether impressions made upon the mother, by fright or otherwise, affect the unborn child. Arguments have been employed to show, on physiological grounds, that the foetus cannot be influenced. But facts are stronger than arguments. We might quote numerous instances, some from our own experience, in which most unquestionably congenital deformity could be accounted for only by impressions received by the mother during pregnancy. Any strong, striking impressions, not necessarily the result of fright or terror, may affect the child. We therefore counsel those who are pregnant so to fortify their constitutions by good habits that they may escape the nervous condition which is susceptible to impressions, to avoid whatever may expose them to risk of being struck with what is disagreeable and repulsive, and to surround themselves with pleasant associations and objects of grace and beauty. If a child unborn is affected by what is repulsive, it may also be susceptible to what is attractive. All persons cannot choose their circumstances and associations, nor can all avoid the risk of meeting with what is

disagreeable;—"no caution guards us from surprise." But it is possible to all to avoid what is enervating, and to adopt what is strengthening to the constitution. Where there is any constitutional tendency to disease, the child may be treated by medicines administered to the mother during pregnancy.<sup>1</sup>

<sup>1</sup> See Dr. Burnett on "The Prevention of Hare-lip," "Cleft-Palate, etc."; also a chapter entitled "Before Birth," appended to the new edition of Dr. Ruddock's "Diseases of Infants and Children "



## CHAPTER VI

### PREGNANCY

#### 28.—SIGNS AND SYMPTOMS OF PREGNANCY

THE signs of pregnancy vary considerably in different women, both as to their nature and the periods of their occurrence. The inquiry as to the existence of pregnancy is often one of great importance and anxiety, and we therefore place before the reader the most characteristic signs and symptoms to which this condition gives rise. In estimating the conclusiveness of these signs, reference must be had to their number and importance, the previous condition of the patient, and any accidental causes which may have been in operation to produce abnormal changes. Only four of the following signs can be considered as *certain*, and these only when clearly made out; they are—the sounds of the foetal heart, the movements of the child felt by another, fluctuation, and ballottement. The other signs are *probable* ones; probability, however, almost rising into certainty in some cases and at certain periods of gestation.

1. ABSENCE OF MENSTRUATION.—One of the first circumstances which leads a lady to think herself pregnant is the arrest of the usual monthly discharge. If the suppression of the menses occur in a healthy woman, who had before been regular, and who has not been exposed to cold or wet, or any other accidental cause likely to influence the menses, and especially if at the second or third period the menses are still absent, pregnancy may be suspected. This sign will

be much more conclusive if there are superadded to it other symptoms indicative of pregnancy, such as those described further on.

But although this is one of the earliest signs of pregnancy, still no certain conclusion can be arrived at from it, inasmuch as the menstrual function may be suppressed from causes altogether distinct from pregnancy—mountain air, an entire change of habits, a sea voyage, etc.; or conception may occur prior to the establishment of menstruation, or immediately after ceasing to nurse, and before the function has had time to recur. Again, the menstrual discharge may be suspended as the result of disease, and conception may take place before that function is re-established.

It therefore follows that, though the absence of menstruation is of considerable value as evidence of pregnancy, it cannot, *per se*, be regarded as an absolute sign.

2. MORNING SICKNESS.—Generally, in from two to six weeks, sometimes immediately after conception, ladies suffer more or less from nausea, and sometimes vomiting, on first taking the erect posture, probably from the uterine vessels being then more congested, and hence termed *Morning* sickness. Occasionally, these symptoms are so severe and persistent as very seriously to impair the health of the patient; on the other hand, some patients do not experience sickness at all.

In consequence of its intimate nervous connections with all parts of the body, the stomach often acts sympathetically in comparatively trifling derangements. Cerebral excitement, nervous irritation, affections of the bowels, kidneys, liver, etc., are all capable of exciting abnormal action in the stomach resembling that which attends pregnancy. As an isolated sign of pregnancy, therefore, this is one of but limited importance; it may be absent altogether,

occur at unusual times, or take unusual forms; but when it is combined with other symptoms described in this chapter, occurs in the usual order of time, and there is no apparent cause for it, such as indigestion, and the tongue is clean, and the appetite and general health continue good in spite of the nausea, it furnishes an important link in that chain of evidence which indicates the pregnant condition.

The *treatment* of this condition is described further on.

3. ENLARGEMENT OF THE BREASTS.—The examination of the breasts furnishes an experienced observer, acquainted with the general anatomy of the glands, with valuable data on which to found an opinion touching the existence of pregnancy. Generally, to about six or eight weeks after conception, often earlier, there occurs a sensation of fulness, with throbbing and tingling pain in the breasts, accompanied by their enlargement. They become larger, firmer, and feel knotty, and after a time a milky fluid may be secreted. But these symptoms cannot alone be relied upon as evidence of pregnancy, since irritation of the uterogenital apparatus, suppressed menstruation, uterine tumours, or even, in some females, the appearance of the monthly discharge, may give rise to them. A temporary enlargement, simply consequent on marriage, is sometimes observable, without the occurrence of conception. Enlargement of the breasts may also be due to fatty deposit; but in this case other parts of the body will present evidence of a proportional increase of the fatty material. The true character of the enlargement is easily recognisable by the touch of the experienced finger; that from fatty enlargement is soft and uniform, but that from pregnancy is hard and knotty, and the lobules of the gland may be felt beneath the skin, arranged in a regular manner around the nipple. Enlargement from chronic disease is perhaps less likely to



lead to an erroneous conclusion, as one breast only is involved, and that partially so.

4. DARKENING OF THE AREOLA AROUND THE NIPPLE.—In the virgin state, the colour of the nipple and areola is usually but a shade deeper than that of the skin generally; but in about six or eight weeks after conception, the delicate pink-coloured circle around the nipples becomes several shades darker, the circle increasing in extent, and in depth of colour, as pregnancy progresses. This change is so strongly marked in primiparæ, as to afford a good sign of gestation. It is, however, rendered of less general value from the fact that after the first pregnancy the dark colour becomes permanent, and is but little modified by subsequent ones. Concurrently with the altered colour of the areola, the nipples and surrounding integuments become swollen, puffy, and more moist, secreting a fluid which stains the linen; and the veins beneath the skin become more visible. Prominent points or glandular follicles, varying in number from twelve to twenty, project from the sixteenth to the eighth part of an inch, immediately around the base of the nipple. These changes, which are often well marked, are not, however, always so. The darkening of the areola is less marked in women of light complexion; and something resembling it, as also enlargement of the mammary gland, is said to be present when the uterus is distended from other causes than pregnancy.

Alterations in the size and appearance of the breasts, the two signs just referred to, afford to the educated hand and eye of the practitioner valuable evidence; they have also this additional importance, that an examination of them is easily obtainable, and, for various reasons, more readily conceded than one involving the vagina and abdomen.

5. MILK IN THE BREASTS.—This sign, considered very conclusive of pregnancy, is often unreliable. Women who have borne children sometimes continue to secrete milk for a long time—even for years; in such cases, therefore, this sign is of little value. Milk in the breasts also occurs in other conditions of the system besides pregnancy, and even in females who have never borne children.

6. ENLARGEMENT OF THE ABDOMEN.—After impregnation, an increased afflux of blood occurs towards the womb, the tissues of which gradually expand, imparting a feeling of weight, fulness, and sensitiveness in the utero-genital organs.

The gradual enlargement of the uterus furnishes a tolerably accurate guide to the period of pregnancy, by the height which it attains in the abdomen. In about two months, the intestines are somewhat elevated, and by the end of the third month, the enlargement may be perceived; at the fourth month, the womb rises out of the pelvis in the form of a hard round tumour, and then gradually rises, and enlarges the whole abdomen. It reaches the *umbilicus* (*navel*) at the sixth month, and is highest at the ninth, when it reaches the ensiform cartilage, and impedes the descent of the diaphragm; during the last month it sinks a little, probably from some diminution of *liquor amnii*.

The sensation conveyed to the hand by the pregnant uterus is very different from that of the abdomen distended by fluid, flatus, etc.; the former being firm, elastic, defined; the movements of the foetus may be felt by the practised hand: but in the latter there is an absence of firmness and elasticity, and the tumour is not defined. On reaching the umbilicus, the uterus pushes it forward, so that in about the sixth month it is more prominent than natural, and

afterwards it protrudes somewhat from the surrounding skin.

Enlargement of the abdomen, as a sign of pregnancy, is liable to variation; it may be distended by tympanitis,<sup>1</sup> or fæcal accumulations in the intestines, or by ovarian dropsy; or the uterus may be enlarged by air, fluid, or hydatids. In many cases the abdomen even becomes flatter at first, from the sinking of the impregnated uterus in the pelvis, attended perhaps with a slight retraction of the navel.

7. QUICKENING.—In popular language, this term is applied to the mother's perception of the first movements of the fœtus, on the incorrect assumption that it was not alive from the very moment of conception. Quickening may be briefly explained thus:—As soon as the uterus has become too large to remain in the pelvis, it rises into the abdomen, sometimes suddenly, causing faintness and sickness; after this, the movements of the child, pressing directly upon the sensitive walls of the abdomen, are felt. If any doubt exists as to the date of conception, four months and a half from the date of quickening may be reckoned as a tolerably safe guide to the time of labour.

This sign of pregnancy is by no means a reliable one, unless the movements are certainly *felt by another* person, as the patient may be deceived by flatus in the intestines, or by the force of her own imagination; for women who think themselves pregnant often assert that they plainly

<sup>1</sup> The Author was recently consulted by a married lady, greatly desirous of offspring, in whom abdominal enlargement was so great that she was encouraged to make preparation for labour, the local medical attendant having sanctioned this view of her condition. We diagnosed the enlargement as a simple tympanitis of the abdomen, and prescribed *Ignatia*. In six days she presented herself with the enlargement wholly gone, and her health in other respects correspondingly improved.



feel the motions of the child, persisting in such statement until the lapse of time convinces them of their error. On the other hand, cases occasionally occur in which no sensation of the motion of the child is perceived by the mother, from the beginning to the close of pregnancy.

8. FLUCTUATION.—As early as the second or third month, pregnancy can often be diagnosed with certainty by this test. The *tactus eruditus*, possessed by the practised physician alone, is essential to make the test available. Holding the uterus steady with the left hand, an examination with two fingers of the right discovers the *os uteri* closed, the womb more or less enlarged, and by pressure or percussion a sense of *fluctuation* or perceptible movement of fluid is communicated. The fluctuation is a most important sign, giving reliable evidence in a majority of cases. After the second month the fluctuation is more perceptible, but it may be recognised by the sixth or seventh week by a careful examination.

9 BALLOTTEMENT.—At the expiration of a few weeks the uterus will be found lower than usual, heavier, and its *os* more circular, and closed; but afterwards it becomes higher, more difficult to be reached, and its neck shortened. If the woman be placed on her knees, and an impulse given to the finger, *ballottement*, or the floating of the child, may be felt, for it rises a moment in the *liquor amnii*, or fluid in which the foetus floats, and then, by its own gravity, sinks again on the finger. The most favourable period for this test is between the fifth and sixth months. Before the fifth month the foetus is too light, and after the sixth month it is too closely packed to admit of this feat. Ballottement is very conclusive of pregnancy, and especially when corroborated by other signs, but determines nothing as to the life of the foetus.

10. KIESTEINE IN THE URINE.—By keeping the urine of a pregnant woman a few days, a whitish scum, of a fatty or curdy appearance, forms on the surface, and then gradually breaks up again from decomposition, emitting a strong odour as of decaying cheese. Kiesteine is a mucilaginous principle, and probably exists in the urine from the first month of pregnancy until delivery, and arises from the excess of nutriment formed in the blood of the mother for the child.

11. SOUNDS OF THE FŒTAL HEART.—By applying the stethoscope to the lower portion of the abdomen of either side, usually on the left, about midway between the umbilicus and the anterior superior spinous process of the ilium, the fœtal heart may be heard at twice the rate of the mother's. The sound has been compared to the muffled ticking of a watch, and the earliest time it can be heard is the beginning of the fifth month. When the pulsations of the fœtal heart are heard, they are most positive of all the signs of pregnancy. At the same time, the pulsations may be inaudible, and yet the woman may be *enceinte*, as the fœtus may have died, or the pulsations may be rendered inaudible only for a time.

It is by these pulsations that the SEX OF THE CHILD can in a large proportion of cases be ascertained during gestation. When the fœtal pulsations reach 144 per minute, the child is probably a female, but when they are 124 per minute probably a male. Any little variation from 124 upwards, and from 144 downwards, will not alter the diagnosis, provided auscultation be practised towards the end of pregnancy. Steinbach was correct in forty-five out of fifty-seven cases which he examined; while Frankenhauser was right in all the fifty cases which he examined with a view to determine the sex of the fœtus in utero.

12. OTHER SIGNS OF PREGNANCY, which we can here

only enumerate, are—change of colour of the mucous membrane of the vagina to a *dusky, livid hue*, often well marked, and very characteristic; salivation; the *uterine souffle*, caused by the rush of blood through the tortuous arteries of the uterus over the placenta; sharpness of the features; irritability of temper; and, frequently, toothache, and other nervous complaints. Lastly, *a frequent desire to pass water*, especially in the night, is another *early* and valuable sign.

From the foregoing statements the reader will perceive that the diagnosis of pregnancy, especially in the early months, is far from being certain; the evidence is cumulative, no one sign being alone trustworthy, probability rising in proportion to the accumulation of the signs. Errors in the diagnosis of pregnancy usually arise from the attention of the observer being restricted to one or two signs only, and omitting to inquire for other corroborative ones.

## 29.—GENERAL HABITS DURING PREGNANCY

1. DIET.—The diet should be simple, nutritious, and easy of digestion; it should be thoroughly masticated, and but little fluid drunk at meal-times, especially cold, since cold retards digestion. It is an error to suppose that women require more nourishment in pregnancy than at other times; and large quantities of rich food, taken in the belief that it will contribute to the sustenance of the child, cannot but be productive of baneful consequences. Spices, spiced meat, sausages, and all highly seasoned food, and late suppers, must be refrained from. Plainly cooked animal food (once a day), well-boiled vegetables, ripe fruits, and such articles as rice, tapioca, arrowroot, will, if taken in moderation, rarely disagree with the stomach. Pie-crusts,



smoked hams, salted meats generally, rich sauces, and every article that has been known to occasion indigestion, must be eschewed. All substances that have a tendency to produce a costive state of the bowels should be especially avoided, and, unless some reason exists to the contrary, brown bread should be eaten in preference to white. Stimulating drinks—wines, ardent spirits, ale, porter, strong tea, and coffee—are, generally, hurtful both to the mother and the fœtus.

2. DRESS.—Under this head, the origin of the word *enceinte*, used to signify the pregnant condition, is highly suggestive. It was the custom of the Roman women to wear a light girdle or cincture round their waists; but on the occurrence of pregnancy this restraint was removed. Hence a woman so circumstanced was said to be *inciencta* (unbound), and thus the term *enceinte* has been adopted to indicate pregnancy.

It would seem scarcely necessary to make any remarks upon the dress to be worn, were it not that some women, considerably advanced in pregnancy, often lace tightly for the sake of attending public entertainments, or of diverting notice from their condition. At no time should stays be worn, for the simple reason that they are never required. But they should especially be avoided during pregnancy, since a continual and forcible compression of the abdomen while nature is at work to secure its gradual enlargement in order to accommodate the growth of the fœtus, must be attended with serious injury to the health of both mother and child. During gestation, the uterus increases on an average from two inches to fourteen in diameter. It will be obvious, therefore, how vain, as well as criminal, must be any effort to contract it, and thus to conceal its enlargement. Palpitation of the heart; indiges-

tion, disease of the liver, and costiveness; difficulty of breathing, spitting-of-blood, and persistent coughs; enlarged veins in the legs, swellings in the lower limbs, disorders of the womb, deformity of the offspring, and numerous other affections, have their origin in tight-lacing; and finally, if the child be born alive and moulded aright, and the mother escape her self-created perils, it may be questioned if compressed breasts and nipples can afford the requisite aliment.

The dress should be arranged, both as to material and quantity, with the view to comfort and to the season. There must be no pressure on any part; even the garters should be loosely worn. The feet and abdomen should be kept warm, since habitual coldness of these parts predisposes to colic, headache, and Miscarriage.

3. EXERCISE.—Exercise is a most important means of retaining good health during gestation, of securing a natural delivery, and of favouring the health of the infant. *Walking* in the open air is a most useful kind; for this calls into action more of the muscles of the body than does any other exercise suited to this condition. Walking exercise is even more necessary in the winter than in the summer, and produces a much healthier and more lasting warmth than sitting before a fire. It should, if possible, be taken in the morning before dinner, and be of such a character as to interest the mind as well as to strengthen the body. This will operate most favourably as a preventive of a host of the morbid conditions and feelings which are apt to attend this state. Care must, however, be taken to avoid such a degree of exercise as may induce positive fatigue; such as too long walks, going out in slippery weather, dancing, lifting heavy weights, and all kinds of violent motion, which are liable to cause hæmorrhage, Miscarriage, and

bearing-down of the womb. The passive exercise of riding in a carriage falls short of the object in view; and, on the other hand, riding on horseback exceeds it, besides the danger of fright and accident, to which the incipient mother is then liable. In very wet or windy weather, or when it is impracticable to walk out, she should select a large and well-ventilated room, so that the air she breathes may be pure.

As an illustration of the advantages of taking exercise during pregnancy in out-of-door air, and in the broad light of day, we may mention the fact that the number of cretins in the Valais has considerably diminished since the women have adopted the practice of removing from the humid and sunless air of the valleys, and residing during pregnancy on the more exposed and cheerful heights.

It will be plain from the tenor of these general remarks, that lassitude and languor should be striven against and overcome. On this account the pernicious habit of *sleeping after dinner* should not be contracted. Too little sleep is perhaps even a less evil than too much. And hence ladies who pass the interval, or a good part of it, between dinner and tea, on the couch or the bed, generally suffer from a debility which ends in proneness to disease.

4. ADDITIONAL HINTS. — Theatres, balls, brilliantly lighted, or other exciting public meetings should not be attended; early habits should be formed; all excessive mental emotions, as grief, despondency, anger, and the like, are to be guarded against; the cold or tepid bath should be used daily, following it with vigorous friction; the mind should be kept tranquil, remembering that parturition is not necessarily attended by great suffering, or imminent danger, these being, in most instances, the penalty inflicted on those who disregard the hints laid down in this Section.



## CHAPTER VII

### DISORDERS OF PREGNANCY

IN a normal state of social life, pregnancy would be a condition comparatively exempt from suffering. In consequence, however, of disorders induced by artificial habits, the excessive use of drugs, constitutional diseases, or accidental causes, this condition is too often accompanied by departures from health; some of which we shall describe in the following pages, together with the best means for their prevention and removal. We take them in the following order—those which affect the *nervous*, the *circulatory*, the *digestive*, the *urinary*, and *generative* systems. According to this arrangement, the first on our list is,—

#### 30.—MELANCHOLY, FEAR, ETC.

Fear, anger, joy, grief, and other emotional disturbances, operate powerfully upon the heightened susceptibility of the pregnant state, and unless moderated or removed may affect both the mother and child unfavourably. A morbid dread, causing the sufferer to view events through a darkened and disordered medium, is liable to produce trembling of the body, weakness of the limbs, alarming dreams, nightmare, nervous irritability, leading her to despair of life, and even to wish that it were extinct. Injudicious friends often aggravate this morbid state, by recounting accidents and unpropitious results of pregnancy which probably never occurred. Such thoughtlessness cannot be too strongly con-

demned. The statements are almost always untrue, but they may appear so real to the patient as to operate powerfully on her mind, and thus produce the most serious results.

MEDICINAL TREATMENT. — *Cimicifuga*. — Melancholic depression, jealousy, nervous weakness, weariness, and restlessness; sleeplessness, or sleep with distressing dreams; pains in the left side, under the breast, in the back, etc.

*Ignatia*.—Inconstant, irresolute, impatient disposition; alternate sadness and gaiety; depression of spirits, the patient frequently weeping without cause; acute sensitiveness; sensation as of a ball rising in the throat, and other hysteric symptoms.

*Platina*.—Extreme depression, even to the fear of death, with anguish about the heart, Hysteria, etc.

*Pulsatilla*.—Weeping mood, headache, heartburn, uneasy feeling at the pit of the stomach, and oppression of the mind by numerous cares.

*Acon.*, *Sep.*, *Hyos.*, *Cham.*, *Opi.*, or *Coff.*, may also be required in some cases.

ACCESSORY MEANS.—Useful occupation, combined with suitable out-of-door recreation or games; cheerful company or books; change of air and scene, or easy journeys to favourite or novel places of interest.

### 31.—FAINTING AND HYSTERICAL FITS

These are not infrequent accompaniments of pregnancy except at the period of quickening, and in weakly and delicate females. The fits are far from being serious except when associated with organic disease of the heart. If they occur towards the end of pregnancy, they may render convalescence after parturition more tedious than it would

otherwise be. They are also unpleasant occurrences at the time of labour.

**SYMPTOMS.**—These differ from epileptic fits, as there is no choking noise in the throat, or biting of the tongue. There is a sensation of languor, with disposition to yawn; things appear to turn round; the sight becomes dim, the face pale, and there is a buzzing or ringing in the ears; the patient sighs and becomes partially insensible.

**CAUSES.**—Heightened impressionability of the nervous system from debilitating causes, as Neuralgia, prolonged sleeplessness, Diarrhœa, or other discharges; anger or fright. Tight dresses, crowded and badly ventilated sitting-rooms, churches, theatres, ballrooms, etc., are frequent exciting causes. When fainting occurs soon after labour, it may rise from hæmorrhage, and requires prompt and skilful treatment. (See “Flooding after Delivery.”)

**MEDICINAL TREATMENT.**—

*Camphor.*—May be administered during a fit, either by olfaction, or by giving two drops of the strong tincture on a small piece of loaf-sugar.

*China.*—Faintness from exercise, *profuse losses of blood*, Diarrhœa, perspiration, etc.

*Digitalis.*—This alone is sufficient to restore the patient if the fainting be attended with *feebleness of the heart*.

*Iodium.*—For the constitutional debility, of which the tendency to faint is a symptom.

*Moschus* may be administered during a fit, either by giving two drops of a dilution in a teaspoonful of water, or by *olfaction*, a bottle of the tincture being held to the nose.

*Opium.*—When fainting has been brought on by *fright*.

*Ver.-Vir.*, *Cham.*, *Ign.*, *Puls.*, *Cimic.*, etc., are suited to the hysterical fits in certain conditions.



ADMINISTRATION.—During a fit, a dose every ten or fifteen minutes; afterwards, every four or eight hours.

ACCESSORY MEANS.—During a *hysteric fit*, cold water may be dashed on the face. For a simple fainting fit, the patient should be laid down, with the head and shoulders slightly raised, abundance of air admitted to the room, and quiet maintained. Camphor, Eau-de-Cologne, Moschus, salts of Ammonia, etc., may be applied to the nostrils. If the extremities are cold, artificial warmth may be necessary. The exciting cause must, as far as possible, be removed; when this is a tight dress, or a too hot or badly ventilated room, removal of the cause is generally sufficient. If fainting arises from constitutional conditions, professional treatment is necessary.

### 32.—HEADACHE, DIZZINESS, ETC.

These are sometimes most distressing concomitants of pregnancy. There may be acute digestion, with throbbing, dimness of sight, confusion of ideas, and great heat of the head and face, with dizziness, intolerance of light and sound, etc. Or the face may be pale, cool, and the eyes heavy and languid. There may be also a feeling of weight on the top of the head or the back of the neck, palpitation, nervous tremblings, a disposition to fall forward, variable or diminished appetite, gastric derangements, etc.

MEDICINAL TREATMENT.—

*Aconitum*.—*Giddiness on rising from a recumbent posture*, heavy, oppressive pains on the top of the head or in the forehead, redness of the eyes, *dry burning skin*, *hard frequent pulse*, scanty urine, etc. Especially suitable for florid patients of nervous temperament.

*Belladonna*.—Violent congestive headaches, with stagger-

ing, buzzing in the ears, throbbing of the arteries of the temples and neck, *scarlet redness of the face*, sparks before the eyes, pains in the orbits, double vision, confusion of ideas, *intolerance of light*, etc. The symptoms are worse in the morning, and there is disinclination to move.

*Bryonia*.—Beating in the forehead, *giddiness*, sense of weight and fulness, as if the brain would press through the forehead on stooping. This headache is often accompanied by indigestion, *constipation*, sometimes bleeding from the nose, rheumatic pains, etc.

*Cimicifuga*.—Nervous, hysterical headache; pulsative; severe *aching pain in the eyeballs*; pressure in the occipital region from within outwards; absence of gastric disturbance.

*Gelsemium*.—Headache with feverishness; giddiness, heavy eyelids, temporary blindness, heat of the face and body; *intermittent pulse*; strong *palpitation*; *oppression* of the chest.

*Glonoine*.—*Throbbing of the arteries of the head*; *dizziness*; sensation of a tight band around the head; *full*, rapid pulse; cutting, jerking, *maddening pain*; hot, injected eyes, with *flashes of light*.

*Nux Vomica*.—Congestive headache *waking the patient early in the morning*, worse after eating, aching as if the head would split, *stupefaction*, etc., often associated with *constipation*, nausea, etc., sometimes commencing with dazzling of the sight, and increased by coughing or stooping. *Nux Vom.* is especially suited to headache from *over-eating*, or too late eating at night, from alcoholic beverages, or from sedentary habits.

*Puls.*, *Ign.*, *Ipec.*, *Iris*, *Cocc.*, *Sep.*, *Plat.*, etc., may also be considered.

ACCESSORY MEANS.—In *congestive headache* the feet should be kept warm, and when cold, hot applications should be

made to them. In *headache* from *gastric derangements*, free vomiting often gives relief; to promote which, if necessary, a tumbler of warm water with a teaspoonful of mustard mixed in it may be taken. In *neuralgic headache* hot dry flannels around the head, or a handkerchief tied tightly, is often palliative. If the feet are cold, a hot brick or bottle should be applied.

PREVENTIVE TREATMENT.—Early hours, to obviate as far as possible the use of artificial light, heated rooms, etc.; the cold bath, with plenty of friction, in a well-ventilated room, every morning on rising; regular daily open-air recreation; domestic duties and anxieties should only be permitted to exercise a moderate influence, the patient aiming to live a tranquil and agreeable life; regularity or moderation in eating and drinking, avoiding eating in a hurry, taking suppers, stimulating food and drinks, especially spirits, strong tea, coffee, etc. The regular function of the bowels should be promoted by observing the directions in the Section on “Constipation.”

### 33.—TOOTHACHE OR FACEACHE

The toothache of pregnancy is a *Neuralgia*, from which some women begin to suffer soon after conception, and even recognise their condition by this symptom. It is, however, liable to happen at any period during pregnancy. The pain may attack one or more decayed or not quite sound teeth, or it may extend along the jaw without affecting any tooth in particular. It is sometimes so intense as to render the patient temporarily delirious. Extraction of teeth is seldom advisable, as homœopathic treatment will generally remove the pain. A qualified dentist, indeed, usually refuses to remove them for this cause, where it



exists alone. Besides, patients of nervous sensibility, or who have a tendency to Miscarriage, are in danger of abortion from the fear or shock of extraction.

MEDICINAL TREATMENT.—

*Aconitum*.—Toothache from exposure to *cold or wet*, with throbbing of the gums and cheek, *febrile symptoms*, and aggravation of the pains by stimulants.

*Belladonna*.—Toothache with *determination to the head*, and great nervous irritability; the pains increase at night, are throbbing or piercing, and often occur in alternation with intense headache.

*Chamomilla*.—Faceache with *swelling, irritability*, heat redness, especially of *one side of the face*, flushes, palpitation and sensitiveness to external impressions, the pain being worse on taking warm food or drink, and at night.

*Coffea*.—Extreme *sensitiveness* to pain, *sleeplessness*, flushed face, great restlessness; the pain is relieved by cold water, and may be accompanied by palpitation, recurring every night.

*Kreasotum*.—Toothache from *decayed teeth*; it not only relieves the pain, but also tends to arrest the progress of the decay.

*Magnesia Carb.*—Toothache in sound teeth; pain intolerable during repose.

*Mercurius*.—Pains in *decayed teeth*, extending into the head; toothache from cold with swelling of the glands; threatened *gumboils*. This remedy has been, perhaps, more frequently and successfully used in domestic practice than any other.

ADDITIONAL REMEDIES which may be used both during the attacks, and also during the intervals.—*Bry.*, *Calc.-C.*, *Cim.*, *Nux V.*, *Puls.*, *Sep.*, *Staph.*

ADMINISTRATION.—A dose every fifteen, thirty, or sixty minutes, according to the severity of the attack.

ACCESSORY MEANS.—Avoidance of cold and damp. Improvement of the general health, especially of the digestive organs, should be promoted by the use of wholesome food, pure air, out-of-door exercise, bathing, and regular, early habits.

### 34.—PALPITATION OF THE HEART

Weakly, nervous ladies often suffer from attacks of palpitation. By some it is experienced immediately after conception, by others at the period of the quickening, by others, again, towards the end of pregnancy.

CAUSES.—Increased sensibility and irritability of the nervous system, consequent on pregnancy; in the later months, plethora may act as a predisposing cause; the movements of the foetus, indigestion, the excessive use of tea and coffee, mental emotions, etc., may also excite palpitation.

#### MEDICINAL TREATMENT.—

*Aconitum*.—When the palpitation is connected with a plethoric condition, or derangement of any of the important organs of the body, or is brought on by fright or excitement.

*Belladonna*.—Is useful in cases very similar to the ones calling for *Acon*. Headache, with redness of the face and dimness of vision, would indicate this remedy.

*Cactus Grand*.—Nervous palpitation, whether recent or chronic, especially with a sensation of fulness at the heart, suffocation, and general plethora; heart appears to whirl round, or to be *tightly grasped*.

*Digitalis*.—Great *irregularity in the heart's action*, sometimes rapid, sometimes almost entirely suspended; inability to walk or lie down; great distress.

*Moschus*.—Nervous palpitation, with a tendency to faint.

*Natrum Mur.*—Palpitation after a meal, or on lying down at night.

*Nux Vomica.*—This medicine is of great value when the palpitation is apparently due to indigestion. It is especially indicated in patients of a dark complexion and irritable disposition.

*Pulsatilla.*—Like the preceding medicine, *Pulsatilla* is useful in cases arising from indigestion, but in fair-haired women, of mild, easy disposition.

ADDITIONAL REMEDIES.—*Camph.*, *Cham.*, *Cin.*, *Coff.*, *Ign. Sep.*, *Ver-V.*

ADMINISTRATION.—A dose every thirty or sixty minutes during an attack; in the intervals, thrice daily.

ACCESSORY MEANS.—Derangements of the digestive organs, mental anxiety, excitement, heated rooms, and confinement within doors, should be guarded against.

### 35.—VARICOSE VEINS

DEFINITION.—This frequent accompaniment of pregnancy consists of a dilatation of the veins, especially of the lower limbs, and sometimes of the vagina, so that the veins stand out like knotted cords, with more or less swelling of the adjacent parts, and often rendering sufficient walking exercise impossible.

SYMPTOMS.—The enlarged veins are most frequent on the leg below the knee, but the veins of the thigh are also liable to be involved, and in some cases those of the labia majora, vagina, and even of the *os uteri*. Both limbs may be equally affected, but when the womb is more inclined to one side than the other, the corresponding limb will be most affected. Sometimes the foot becomes quite purple from the congestion of the minute vessels, and the veins in the thigh



and leg acquire an enormous size. The veins get larger when the patient is much on her feet, or allows the limb to hang down, but diminish during rest in the horizontal posture.

CAUSE.—Pressure of the enlarged womb upon the *iliac* and inferior *cava*, and so obstructing the return of blood from the parts below. It is most frequent when the uterus is too low, when the person is very heavy, and in those who have borne many children. As the derangement is caused by the pressure consequent on pregnancy, after delivery the veins soon regain their former size.

MEDICINAL TREATMENT.—*Acon.*, *Ars.*, *Bell.*, *Fluor.-Ac.*, *Ham.*, *Lyc.*, *Nux V.*, *Puls.*, *Sil.*, *Sulph.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—This medicine has no specific action upon varicosis, but is often indicated when inflammation has been set up in the veins, as an intercurrent remedy.

*Hamamelis*.—In severe cases, and when *bleeding* is threatened. A dose every eight or twelve hours. The local use of this remedy is also sometimes necessary. Generally, *Ham.* is the best remedy.

*Nux Vomica*.—Varices, with enlargement of the abdomen, hæmorrhoids, Constipation, and frequent bearing-down pains.

*Pulsatilla*.—Painful and inflamed veins of a bluish colour, causing swelling of the limbs, in patients having the *Puls.* temperament.

ACCESSORY MEANS.—The limb should be bandaged from the toes to a little above the knee, or to the hip if the disease extends above the knee; beneath this bandage compresses of linen should be laid over the enlarged veins, and kept wet with a *Ham. lotion* (one part of the strong tincture to four of water); or the affected parts may be bathed with the lotion morning and night. All ligatures,

such as garters, must be removed. Rest in the recumbent posture, or the limb raised as much as possible, is necessary. Sometimes an elastic stocking, made to measure, and drawn on like an ordinary stocking, *before rising* in the morning, is requisite.

### 36.—SWELLING OF THE LOWER EXTREMITIES (*Edema*)

In advanced pregnancy women often suffer from a puffy swelling of the ankles, and sometimes of the thighs, or even of the external genital parts. Change of posture has great influence upon the swelling of the legs; in the morning it is but slightly perceptible, but during the day it increases, and towards night it is at its greatest degree.

#### MEDICINAL TREATMENT.—

*Apis Mellifica*.—Rapid and extreme swelling, with urinary difficulties.

*Arsenicum*.—Edema with much debility, weakness, and prostration; feeble and irregular pulse, and coldness of the extremities.

*China*.—Dropsical swellings from exhaustive discharges, hæmorrhages, diarrhœa, etc.

*Ferrum*.—Edema depending on an anæmic or chlorotic condition.

*Sulphur*.—When the patient has been subject to affections of the skin, which have disappeared during the pregnancy.

ADMINISTRATION.—A dose three or four times daily.

ACCESSORY MEANS.—The recumbent posture will often lessen the inconvenience; and when the patient sits she should do so as much as possible with the legs raised. Standing is more unfavourable than a moderate degree of walking exercise.

## 37.—PAINS IN THE BACK AND LOINS

Many women suffer from pains in the lower part of the back during pregnancy. The pains are usually aching, heavy dragging, or pressing, as if caused by a weight. They are often more severe during the night than during the day.

## MEDICINAL TREATMENT.—

*Arnica*.—Is indicated if the pain can be traced to fatigue or over-exertion.

*Bryonia*.—May be employed if the patient be subject to rheumatism.

*Nux V*.—Is an excellent remedy in cases attended with flatulence, constipation, and piles, the pains being worse in bed.

*Secale*.—Bearing-down sensations in the lower part of the abdomen, with pain in the back.

*Sepia*.—Useful when the patient has been long subject to menstrual derangements, or has a sallow, unhealthy-looking skin, and is subject to piles.

ACCESSORY TREATMENT.—Sponging the loins with hot water for a few minutes before going to bed is sometimes of great efficacy, especially in cases associated with rheumatism or over-fatigue. In almost all cases a well-fitting thin flannel bandage is desirable.

## 38.—SLEEPLESSNESS

Sleeplessness is a prominent and annoying symptom in some women in all stages of pregnancy.

## MEDICINAL TREATMENT.—

*Aconitum*.—The presence of any febrile symptoms would indicate the employment of this medicine.

*Cimicifuga*.—Restlessness, inability to lie still.



*Coffea*.—When the sleeplessness occurs in the early part of the night.

*Ignatia*.—Nervousness; cannot get rid of thoughts.

*Nux Vomica*.—Sleeplessness chiefly in the morning, with flatulence and constipation.

*Veratrum Album*.—If the sleeplessness be caused by cramps.

ACCESSORY TREATMENT.—When the sleeplessness occurs in the early part of the night the patient should sponge her face and neck with hot water, or, if this fail, she should apply a cold-water compress, without macintosh covering, to the nape of the neck, just before going to bed. Similar measures may be adopted if the sleeplessness manifests itself in the early morning.

### 39.---MORNING SICKNESS

In the early months of pregnancy, most women experience more or less of this; occasionally nausea or vomiting, or both, are very troublesome and persistent symptoms, and give rise to serious concern as to the patient's health, especially in the pregnancy of delicate women.

SYMPTOMS.—The first intimation of it generally occurs on rising from bed. Before getting up the patient may feel as well as usual, but while dressing will be overtaken by nausea, followed by retching, and perhaps by vomiting. Or it may not occur until some little time after leaving the apartment, or not until after breakfast, which may be eaten with zest. In some cases sickness is not felt till the evening, when its habitual return indicates one of the forms of displacement (prolapse or retroversion) of the womb incident to pregnancy. Morning Sickness may begin almost immediately after conception, of which it is often one of the earliest symptoms; but more frequently it does

not commence until after the lapse of two or three weeks, and then continues more or less constantly and severely for three or four weeks, and in some instances till near the time of quickening, or even until confinement. In some rare instances it does not occur before the last weeks of pregnancy, and is then apt to be severe; in other cases it is altogether absent during the whole period of gestation.

CAUSE.—The increased action of the nerve-force employed in digestion to furnish material for enlarged growth, carried to so high a degree as to disturb the equilibrium of the digestive and assimilative forces. It is most common amongst the wealthy and inactive. Moderate *Morning Sickness* is no doubt salutary by diminishing that tendency to plethora or too great fulness in the system which often attends pregnancy. Uterine displacements are known to produce Morning Sickness, and it is more than possible that the slight prolapsus of the womb which is incident to the first months of gestation may help to account for it (*Ludlam*). When sickness is invariably brought on or intensified during the latter part of the day or in the evening, after the patient has been upon her feet, it is due to displacement or prolapse; this is proved by the prompt relief that follows the replacement of the organ on the patient's taking the horizontal posture. Obstinate and long-continued nausea or vomiting is generally caused by congestion, ulceration, or displacement, or it may arise from hyperæsthesia of the nervous system, and require professional treatment. Nausea and sickness occurring towards night are more serious and obstinate, for the reasons already mentioned.

MEDICINAL TREATMENT.—*Ant.-C.*, *Ars.*, *Cocc.*, *Conn.*, *Cup.-S.*, *Ipec.*, *Kal.-B.*, *Kreas.*, *Lyc.*, *Nux V.*, *Petrol.*, *Puls.*, *Tabac.*, *Ver.-A.*

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Arsenicum*.—Vomiting after eating or drinking; persistent vomiting, with extreme *weakness* and emaciation.

*Ipecacuanha*.—Great uneasiness about the stomach; vomiting of undigested food, bile, or phlegm; relaxed bowels. Often sufficient in mild, uncomplicated cases.

*Kreasotum*.—Persistent Morning Sickness from *sympathetic disturbance*. This remedy rarely fails.<sup>1</sup>

*Nux Vomica*.—Vomiting with vertigo, restlessness, and irritability of temper; *waterbrash*, hiccough, sense of weight at the pit of the stomach, *constipation*, etc. Suitable for women of dark complexion.

*Petroleum*.—Incessant nausea; and eructations.

*Pulsatilla*.—Fair persons; tendency to *diarrhœa*.

*Symphoricarpus* 200.—(A good all round remedy.) Deathly nausea; vomiting continuous, violent retching; smell or thought of food, intolerable. It has done its best work in the 200th potency, every two hours.

<sup>1</sup> *Morning Sickness—Kreasotum*.—Some time since the Author was consulted by a lady at a distance, by letter. Mrs. W., aged 20, was in the third month of her first pregnancy, and after the first month began to suffer from morning sickness, which (Aug. 18th) became severe, and occurred at any hour and often all day long. The sickness was worse in the morning, but very often it went on till dinner-time (7 P.M.), and everything she took was returned. The sickness was supplemented by *diarrhœa*, which at the time of consultation had become chronic. The least exertion brought on sickness or *diarrhœa*, and often both.

Aug. 19th.—We prescribed *Kreasotum*, and sent her a small phial of the 3x tincture, directing two drops to be taken every four hours.

Aug. 22nd.—The lady wrote as follows:—The effect of the medicine has been wonderfully good. I have not been sick since commencing it, and the bowels have only been moved naturally. In every other way also I am much better.

Sept. 4th.—The remedy was continued at longer intervals, and the good effects were lasting.

We were subsequently informed that the symptoms did not return, and that the lady made a good recovery from her confinement.



*Tabacum*.—Continued sick feeling all day, without vomiting.

*Veratrum*.—Excessive sensibility of the nerves of the stomach, vomiting being excited by the least quantity of water, by moving, or by sitting up; vomiting with *great debility and tendency to Diarrhœa*; attacks of fainting.

ACCESSORY MEANS.—The simpler modes of treatment are—cheerfulness, mental composure, moderate out-of-door exercise, and early hours. The regulation of the diet is also important,—a change in the hours of eating to those in which the stomach is least likely to be disordered, especially avoiding over-repletion. Cold food will sometimes be retained when hot is rejected. In some cases two or three teaspoonfuls of beef-tea, frequently repeated, or soda-water and milk, or when these cannot be borne, small pieces of ice may be sucked. In extreme cases it may be necessary to give up the attempt of feeding by the mouth, and to depend upon injections by the rectum for a day or two.

*Raw Beef in the Vomiting of Pregnancy*.—Dr. J. S. Bailey and Dr. J. Kitchen, of America, have recently recorded several cases in which *raw beef* has been retained after every other kind of food had been rejected. It was chopped fine, with a little cayenne pepper and salt sprinkled over it, and given in teaspoonful doses at intervals of three hours. Although the idea of eating raw beef was repulsive, upon tasting it, it was not found disagreeable. *Scraped* beef is even more easily digested. It may be prepared as follows:—Take a piece of steak cut like a little block, scrape the surface with a silver spoon until all the pulp is extracted, then cut a slice off the steak, and scrape the newly cut surface again. It may be taken with red-currant jelly, or spread as a sandwich between bread, with a sprinkling of salt and pepper.

## 40.—HEARTBURN, WATERBRASH, AND ACIDITY

These complaints often occur during gestation, and may be generally traced to taking more food than the stomach can digest, frequently from the mistaken idea that the patient now requires more food than at any other time.

SYMPTOMS.—A burning sensation up the throat, and sometimes spasm of the stomach, generally with frequent eructations of an acid or tasteless watery fluid, when it is termed *Waterbrash* or *Pyrosis*.

MEDICINAL TREATMENT.—*Ars.*, *Bry.*, *Calc.-C.*, *Carb.-V.*, *Iris*, *Kal.-C.*, *Lyc.*, *Nux V.*, *Puls.*, *Phos.*, *Rob.*, *Sang.*, *Sulph.*, *Sulph.-Ac.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Calcarea Carb.*—Obstinate acid eructations.

*Carbo Veg.*—Acid, *acid eructations*, with *flatulence*, rumbling in the abdomen, burning heat in the stomach, the hot air sometimes rising to the throat, causing a sensation of suffocation.

*Nux Vomica*.—This remedy is generally efficient, and should be administered three or four times daily as long as improvement continues. It is especially indicated when there exist headache, spasm in the throat, constipation, and loss of appetite.

*Pulsatilla*.—Patients of a mild, timid disposition, with a tendency to diarrhœa; dislike of food, especially of fat; *eructations tasting of food*; perverted taste, or taste as of putrid meat; inclination to vomit.

*Sulphuric Acid*.—*Chronic acidity*. Our allopathic brethren have now found out that acidity is better treated by acids than by alkalies.

ACCESSORY MEANS.—The diet should be restricted;  
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avoiding a too exclusive use of vegetables; all pastry, fatty kinds of food, stews, twice-cooked meats, hot buttered-toast, new bread, raw or half-cooked vegetables, and everything that is rich and indigestible, must be forbidden. Bread prepared by Dauglish's process, termed *aërated bread*, is best for patients troubled with Heartburn. Plain biscuits are also useful. Drink should be taken sparingly with the meals.

#### 41.—CRAMPS

Pregnant women are liable to cramps or irregular pains in the abdomen, loins, calves of the legs, and feet, especially about the fourth and fifth month, and towards the end of gestation, which are due to changes in the uterine and abdominal structures from the growth of the foetus.

MEDICINAL TREATMENT.—*Arn.*, *Bry.*, *Camph.*, *Cham.*, *Calc.*, *Iris*, *Nux V.*, *Rhus*, *Sep.*, *Vera.-A.*, *Ver.-V.*, *Vib.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Arnica*.—Cramps from fatigue.

*Colocynth*.—Is indicated when the cramps are followed by stiffness and soreness of the parts.

*Nux Vomica*.—When there is considerable numbness of the limbs, as if they would “go to sleep,” and with symptoms of indigestion.

*Veratrum Album*.—This is a most efficacious remedy, especially if cold be the cause; but it is useful in most cases of the cramps of pregnancy.

ACCESSORY TREATMENT.—Brisk friction to the legs morning and evening, and also while the cramps are on, will often afford much relief. At all times the feet and legs should be kept dry and warm.



## 42.—COLIC

Spasm, from flatulent distention of the bowels, is apt to occur during pregnancy, owing to cold or improper diet. It generally affects the large intestines.

MEDICINAL TREATMENT.—*Bell., Cham., Chin., Colo., Dios., Hyos., Ign., Nux V., Plumb., Ver.-A.*

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Chamomilla*.—Colic associated with relaxation of the bowels, tearing pains around the navel, *impatience and irritability*.

*Colocynthis*.—This remedy is suited to paroxysmal colic, attended with cutting, griping, or intermittent pains, diarrhœa, and too severe as well as mild forms of the disease. Distended abdomen.

*Dioscorea*.—This remedy is much esteemed by many practitioners, as suitable for bilious colic.

*Nux Vomica*.—*Spasmodic, flatulent colic*, with constipation, or alternate constipation and relaxation; from over-indulgence in food; and from fatigue.

*Plumbum*.—Colic with constipation, especially in elderly persons; constrictive shooting or pinching pains in the region of the navel.

*Veratrum Album*.—Severe *crampy* pains, with or without diarrhœa, if accompanied by vomiting of bilious matter. This remedy has been preceded by *Hyos.* with advantage.

ACCESSORY MEANS.—During the violent pains of colic hot applications are useful, but a warm bath is objectionable for colic during pregnancy. A pint or a pint and a half of tepid water, boldly injected up the bowel by an enema-syringe, with a long pipe, and repeated if necessary, is almost invariably and immediately successful, especially when the wind is in the lower part of the abdomen. Indi-

gestible food should be avoided, especially pastry, vegetables, and uncooked or unripe fruits, and no food should be taken within at least three hours of going to bed. Persons liable to colic should wear a piece of flannel around the abdomen in cold or changeable weather, and keep the feet warm and dry. Daily exercise in the open air should be taken, and worry and excessive mental fatigue avoided.

#### 43.—SALIVATION (*Ptyalism*)

A profuse flow of saliva occasionally takes the place of morning sickness, and is generally most troublesome in the earlier months of gestation; it is sometimes the earliest sign of that condition.

SYMPTOMS.—In the morning the patient finds her mouth and throat filled with tenacious mucus or saliva, which is ejected in roundish masses. When salivation is excessive it is a cause of exhaustion.

TREATMENT.—*Mercurius*—This remedy is generally homœopathic to this condition, and may be administered three or four times daily.

*Iris*, *Iod.*, *Ac.-Sulph.*, *K.-Chlor.*, etc., are sometimes required.

ACCESSORY MEANS.—*Nitric Acid*, *Chlorate of Potash*, or *Alum gargles* are often beneficial. As a mere palliative, holding a small piece of gum-arabic in the mouth is recommended. The chewing of coffee berries has been known to cure when all other remedies have failed.

#### 44.—CONSTIPATION

Constipation is a frequent attendant on pregnancy, especially in ladies who live in towns and lead a sedentary

life. Although constipation is generally less injurious than a too relaxed state of the bowels, it may occasion many inconveniences, and should be remedied as far as possible by such means as the following.

CAUSES.—Constipation in pregnancy is generally referred to the pressure of the enlarged womb upon the bowels; but it is often due to *torpor of the bowels*, consequent on the increased action of the womb diverting nervous and vascular forces from adjacent organs. Neglect of sufficient out-of-door exercise, and indolent habits, for which pregnancy is supposed to be a justification, may also give rise to constipation.

MEDICINAL TREATMENT.—*Ac.-N.*, *Aloe*, *Alum*, *Bry.*, *Collin.*, *Hydras.*, *Lyc.*, *Nux V.*, *Op.*, *Plat.*, *Plum.*, *Sep.*

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Bryonia*.—Constipation from *torpor* of the bowels, especially in warm weather, with determination to the head, irascibility, etc.

*Collinsonia*.—Constipation with *Piles*, especially if associated with uterine disorders.

*Hydrastis Canadensis*.—Simple constipation from *torpidity* of the bowels.

*Nux Vomica*.—Indigestion, with a sensation as if the lower bowel were closed, and *frequent ineffectual urging* to stool, *flatulence*, and *Piles*. It is specially indicated in persons of a hasty, vehement disposition, and when too little out-of-door exercise is taken. In chronic Constipation it may be alternated with *Sulph.*, giving *Sulph.* in the morning and *Nux V.* in the evening.

*Sulphur*.—In *chronic cases* a short preliminary course of *Sulph.* is generally advantageous.

ACCESSORY MEANS. — Daily out - of - door exercise; a tumbler of fresh spring water taken either on going to bed



or on rising; the sparing use of animal food, the free use of vegetables, ripe or preserved fruits, *brown bread*, oatmeal porridge, etc., also the hip-bath. When the bowels remain for many days unmoved, and there is uneasiness in consequence, an *enema* of tepid water, or soap-suds, may be had recourse to. In using the *enema* several points should be carefully observed—that the rectum-tube be well greased, that the instrument be emptied of air before insertion, that the injection proceed slowly, that if pain be occasioned, the injection be suspended till it is gone and then renewed, and that the *slow* injection be continued till there is an urgent desire to evacuate. A wash-hand basin full of water may be required; a small quantity may suffice. If only a small quantity can be retained, and no result follow, the injection should be repeated after a little while. The appropriate medicine need not be discontinued on this account, for although the bowels are moved by this mechanical assistance, their torpidity still remains to be cured. The wet compress for the abdomen, described in the Section on “Piles,” is also a most valuable adjunct. In some cases a small suppository of soap will ensure a comfortable action of the bowels in an hour.

#### 45.—DIARRHŒA

Diarrhœa is not so frequent in pregnancy as constipation, but is generally more prejudicial. If very severe and long-continued, it is apt to induce Abortion.

CAUSES.—Nervous irritation, induced by pregnancy; cold, to which pregnant ladies are very liable; insufficient or defective dress; disease of the mucous membrane of the bowels. Diarrhœa sometimes follows conception so closely, that the patient has her attention first drawn to it by her

condition, and it may return regularly every month, as though it were vicarious of menstruation.

MEDICINAL TREATMENT.—*Ant.-C.*, *Ars.*, *Bry.*, *Calc.-C.*, *Camph.*, *Cham.*, *China*, *Collin.*, *Dulc.*, *Merc.*, *Phos.*, *Phos.-Ac.*, *Sulph.*

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Arsenicum*.—Motions watery, brownish, corrosive, or offensive, with colicky pains before evacuation, worse after meals and at night, and especially when arising from cold or tainted animal food.

*Calcarea Carb.* is useful under similar conditions, and, if necessary, may be alternated with it, giving *Sulph.* for a few days, and then *Cal.-C.* for a few days, and afterwards repeating the course.

*Chamomilla*.—Yellow or green stools, bitter taste in the mouth, thirst; bilious vomiting; sharp pains in the stomach or bowels; flatulence.

*China*.—Loose evacuations containing *undigested food*, and most troublesome soon after meals, or at night.

*Collinsonia*.—Diarrhœa alternating with constipation; *Piles*.

*Dulcamara*.—Diarrhœa from *cold or wet*, the motions being greenish or mucous, preceded by colic, and most frequent in the evening.

*Mercurius*.—Bilious diarrhœa, the discharges being greenish, and passed with much straining; yellowish-coated tongue, bitter taste, etc.

*Pulsatilla*.—When the discharges are bilious or slimy, with nausea, eructations, clammy and bitter taste, but without thirst, and worse in the evening. Diarrhœa due to rich, indigestible food, as pork, stewed meats, pastry, etc., is very amenable to *Pulsatilla*.

*Phosphorus*.—May be required when Diarrhœa is attended

by physical or *nervous debility*, easily induced *perspirations*, night-sweats, wasting, and *frequent desire to pass water*, which is often profuse.

*Sulphur*.—Chronic Diarrhœa in *strumous patients*, and when it continues in spite of the medicines before recommended.

ADMINISTRATION.—A dose every two, three, or four hours, or after every evacuation; in chronic cases, morning and night.

ACCESSORY MEANS.—In cases of protracted Diarrhœa, the surface should be kept warm with flannel; a flannel roller around the abdomen often gives great relief. Night air, late hours, stimulants, and excesses of every kind should be avoided. Food should be light, and, in acute cases, taken cool, or cold, and only in small quantities at a time. Fluid food is most suitable, especially milk-and-lime-water, or milk-and-soda-water, or, better still, whey-koumiss No. 3 (Aylesbury). Restricting a patient solely to this diet, for two or three days, or even longer, is often alone sufficient to cure all sorts of Diarrhœa not dependent on a permanent chronic cause; and even where there is such a cause, much temporary benefit is gained (*Chambers*). It need scarcely be stated that a fluid diet like the above is advantageous in Diarrhœa, because it is highly nutritive, and because it does not require a perfect condition of the intestinal mucous membrane to digest and absorb it.

#### 46.—PILES (*Hæmorrhoids*)

Piles is really a varicose condition of the veins of the rectum, and is one of the most frequent diseases of pregnancy. It is by no means peculiar to that condition; but some ladies are troubled then who do not suffer at



any other time. *External* Piles seldom give rise to hæmorrhage to any great extent, while *internal* piles often bleed profusely.

CAUSES.—The chief cause is the pressure of the enlarged womb upon the vessel of the pelvis, obstructing the circulation; minor causes are, mechanical pressure of the contents of the bowels in constipation, acrid diarrhœa, etc.

MEDICINAL TREATMENT.—

*Acon.*, *Æsc.-H.*, *Aloe*, *Ars.*, *Calc.-C.*, *Carb.-V.*, *Collin.*, *Ham.*, *Lyc.*, *Nux V.*, *Phos.*, *Podo.*, *Sulph.*

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—Fulness, heat, inflammation, and throbbing in the anus and small of the back, and discharges of *bright-red blood*. Often useful at the commencement of the treatment.

*Æsculus*.—Piles, with *pain* in the anus, back, and loins, and frequent small bleedings. A cerate is sometimes very useful for external Piles. It may be made with one part of *Æscul.* to nine parts of Olive-oil, and sufficient beeswax to secure consistency.

*Aloes*.—Hæmorrhoids with bilious derangement or *torpor of the liver*; profuse discharge of *hot, dark-coloured blood*. It may be alternated with *Sulphur*, or it may precede or follow that remedy.

*Collinsonia*.—Piles with *Constipation*, or with chronic uterine derangement.

*Hamamelis*.—*Bleeding Piles*. When the hæmorrhage is profuse, a dose should be administered every fifteen or twenty minutes; when the bleeding is less, or takes place occasionally, a dose every three to six hours. In severe cases a lotion may be made by adding thirty drops of strong tincture to four ounces of water, and applied by soaking two or three folds of linen, covered with oil-silk, and renewed several times daily.

*Nux Vomica and Sulphur*.—In the majority of cases the alternate use of these medicines will afford marked relief, especially in persons who have indulged in coffee, or stimulating drinks, or who lead an inactive life, and when there are alternate constipation and diarrhœa, frequent protrusion of the lower bowel, pain in the small of the back, painful urination, with aggravation of the symptoms after meals and during mental exercise. A dose of *Nux V.* at night, and one of *Sulph.* in the morning, should be steadily adhered to for ten or twelve days.

*Podophyllum*.—Piles from portal congestion, or chronic hepatic affections with *Prolapsus ani*. It acts similarly to *Aloes*.

ACCESSORY MEANS.—*External Piles* should be returned as quickly as possible by gently pressing them within the sphincter; then the patient should lie down for a short time to favour their retention; afterwards the application of cotton wool or a cold compress will afford comfort, and tend to prevent the descent of the Piles. In *internal Piles*, half a pint to a pint of water injected up the bowel in the morning has often a most salutary effect; it constricts the blood-vessels and softens the fæces before the accustomed evacuation. Hard, costive motions and straining should always be prevented during Piles by injections of tepid water. An india-rubber syringe, with an ivory tube, should be used. If the tumours are too painful to permit of injections, the parts should be washed with tepid water; if they are much swollen and extremely tender, the patient should sit over the steam of hot water, or foment the parts with moderately hot water. When the inflammatory symptoms have subsided, washing the parts with cold water, and cold injections, do much good.

THE ABDOMINAL COMPRESS.<sup>1</sup>—This is made of three or four thicknesses of coarse linen cloth, from six to nine inches wide, to fit the individual, so as to cover the whole abdomen, including the liver and spleen, and extend down to the pubes. It should be wrung out of cold water, covered with oil-silk or india-rubber cloth, to prevent evaporation, and secured by three broad tapes around the hips and waist. The compress should fit as closely as possible, so as to avoid displacement, otherwise air enters between it and the skin, and cold, instead of a moist heat, is produced. The best time for wearing it is during the night; and when taken off in the morning, the part which has been covered should be sponged with *cold* water and vigorously rubbed with a towel. The wet-compress may sometimes be worn day and night, and renewed every twelve or twenty-four hours. It is of great utility in Dyspepsia, chronic Constipation and Piles.

Cold sitz-baths are not always admissible in Piles, as they increase local congestion by the reaction they occasion, and should not be used except by medical advice.

DIET.—In Piles this should be moderate, unstimulating and easy of digestion. Coffee, peppers, spices, the excessive use of animal food, and all stimulating beverages, should be avoided. A liberal quantity of well-cooked vegetables and ripe fruits is recommended. Bread made from unbolted flour is sometimes inadmissible. On this subject, Dr. Baikie, in a communication to the author, makes the following remarks: “Bread from unbolted flour is both wholesome and nourishing for those accustomed to it from infancy; and to persons suffering from simple Constipation, without Piles, its occasional use instead of physic, is most desirable.

<sup>1</sup> Many of the Homœopathic chemists sell bandages for this purpose.



But in all cases of Piles, when the mucous membrane of the intestines and rectum is irritable, the mechanical action of the spiculæ of bran is most injurious, and sure to produce aggravation.’’

#### 47.—INCONTINENCE OF URINE

The bladder is frequently affected during pregnancy; in the early months by the descent of the womb, causing a frequent and painful desire to urinate, which, if not immediately yielded to, may result in an involuntary discharge, especially when the patient has a cough. In many cases this condition is very distressing; the constant discharge excoriates the parts more or less, so that the patient can only move about with pain; whilst at the same time an offensive urinous odour is exhaled from the person.

MEDICINAL TREATMENT.—*Bell.*, *Cann.-S.*, *Canth.*, *Cina*, *Cocc.*, *Ferr.-M.*, *Nux V.*

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Belladonna*.—Relaxation of the neck of the bladder, with inability to retain the urine. The emissions are copious, frequent and watery, or yellow and turbid.

*Cannabis Sat.*.—Involuntary emissions, from irritation of gravel.

*Cantharis*.—Irritation of the bladder, with irresistible desire to urinate, and only a few drops of scalding, acrid urine passed at a time.

*Cina*.—Frequent desire, and passage of turbid urine, which may occur involuntarily in bed, from the *irritation of worms*.

*Ferrum Mur.*.—Incontinence of urine only during the daytime, or on coughing.

*Nux Vomica*.—This remedy is useful in females of an

active temperament, dark, spare habit, tendency to constipation, with frequent urging and spasmodic pain.

*Pulsatilla*.—Incontinence in feeble, sensitive, and timid patients. There is frequent desire to urinate, with spasmodic pains in the neck of the bladder, and watery urine. A dose every four hours.

ACCESSORY MEANS.—The bladder should be trained to retain water during the day, though evacuation should not be too long postponed. All salt, acid, and pungent articles of food, malt liquors, spirits, tea, and coffee should be avoided. Meat should be eaten with moderation; fruits, especially uncooked, taken sparingly; flatulent food eschewed. Nothing *hot* should be taken in the latter part of the day. Cold water (soft is preferable), toast-and-water, mucilaginous drinks, milk-and-water, and cocoa, are the most suitable beverages. Abstinence from fluids is not desirable, as rather tending to increase the acridity of the urine, which may be lessened by mucilaginous drinks. Local cold ablutions are strengthening.

#### 48.—RETENTION OF URINE

This, the opposite condition to Incontinence, may arise from pressure of the distended uterus, or from displacement of the neck of the womb causing obstruction of the urethra. It requires prompt attention, as the pressure of the over-distended bladder upon the uterus may occasion serious inconvenience.

MEDICINAL TREATMENT.—*Acon.*, *Arn.*, *Bell.*, *Camph.*, *Canth.*, *Caust.*, *Hyos.*, *Nux V.*, *Rhus*.

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—Retention, with *inflammatory symptoms*.

*Arnica*.—Retention after confinement.

*Belladonna*.—Retention, with *congestion to the head*, redness of the face, etc. Either of the last two remedies may be alternated with or proceed *Cantharis*.

*Camphor*.—*Sudden spasmodic* retention, with burning and great pain. It is chiefly useful at the commencement of the difficulty, and when but little fever exists. Coldness and shivering are further indications for this remedy. It is best administered on loaf-sugar, two drops every ten or fifteen minutes for three or four times.

*Cantharis*.—Urging to urinate, with *cutting* and tearing pains.

*Causticum*.—Retention after confinement if *Arn.* does not soon relieve.

*Nux Vomica*.—Painful *ineffectual desire to urinate*, with discharge drop-by-drop, especially in persons accustomed to alcoholic beverages. This remedy often enables the bladder to recover its contractile power.

ADMINISTRATION.—Except the tincture of *Camphor*, a dose every one to four hours, according to the urgency of the symptoms.

ACCESSORY MEANS IN URINARY DIFFICULTIES.—The patient should make regular efforts to pass water; and if she fail in her endeavours, a single introduction of the catheter will generally remove the difficulty. Often, however, the use of the catheter is entirely superseded by one or more of the medicines just recommended, or even by the following measures. The sudden application of a towel to the abdomen, after immersion in cold water, often causes an immediate contraction of the bladder, and consequent discharge of urine. Sometimes the alternate application of a hot and cold towel is speedily successful. Even plunging the hands into a full basin of very cold water, and moving them about, is generally followed by an immediate discharge of urine.



Fomentations, and injections of water up the bowel or vagina, afford great relief, and often supersede the use of the catheter. The diet must be sparing, and, in severe cases, restricted to gruel and demulcent drinks—barley-water, gum-water, linseed-tea, or simple cold water. Tea and coffee should be taken very sparingly, or altogether omitted for a time. A change of the drinking water is often advisable, especially if pure soft water can be obtained. Acids, and too much salt, should be avoided.

#### 49.—PAIN IN THE BREASTS

Some patients are troubled with a pricking or acute pain in one or both breasts; the pain may become exceedingly troublesome, constant, or recur in paroxysms; generally there is no fever, although excessive suffering may cause sleeplessness and want of appetite; like faceache and headache, this is generally of a neuralgic character.

CAUSES.—Sympathetic irritation in the breasts, through pregnancy, which determines a flow of blood to those organs; compression of the breasts with stays, etc. It is especially liable to occur in ladies who have suffered from painful menstruation. As a symptom, pain or tension of the breast may result from tumour in the womb, ovarian dropsy, etc., as well as from pregnancy.

MEDICINAL TREATMENT.—*Acon.*, *Bell.*, *Bryon.*, *Cim.*, *Con.*, *Hep.-S.*, *Puls.*

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—Febrile symptoms, especially if arising from cold.

*Belladonna*.—Erysipelatous redness, heat, hardness, or other *inflammatory* conditions.

*Bryonia*.—Pricking sensation, sensitiveness, etc.

*Conium* is also sometimes required for the nervous variety.

*Pulsatilla* will generally remove this condition when it is chiefly *nervous*.

ADMINISTRATION.—A dose three or four times daily for several days.

ACCESSORY MEANS.—*Hamamelis* and *Olive-oil* (one part of the former to ten of the latter), gently rubbed into the breasts, often affords quick relief. *Chloroform* (one part) and *Glycerine* (twenty parts) make another useful application. Stays should not be worn, and tight-fitting dresses avoided.

## 50.—ITCHING OF THE GENITAL PARTS (*Pruritus vulvæ*)

SYMPTOMS.—*Pruritus* of the *vulvæ* is often one of the most distressing ailments to which pregnant women are liable. It consists in an intolerable itching of the *vulvæ* (external genitals), sometimes without any abnormal appearance except such as arises from the violent rubbing which the irritation excites; in other cases an aphthous efflorescence, similar to the Thrush of infants, encrusts the inner surface of the labia and adjacent parts, and may extend to a considerable depth towards the womb. In other cases, again, the aphthous condition is not present, but the parts take on a copper-coloured appearance, and present numerous slight abrasions, with excessive irritation. From the surfaces thus affected a vitiated watery exudation takes place, together with the most intense and incessant itching. Sometimes this affection is accompanied by sexual excitement,—or it may have a periodic character. It is not limited to pregnancy, and sometimes troubles the unmarried of all ages; it is most common, however, during gestation, and at the change of life.

CAUSES.—Acrid fluids from the glands of the vulvæ or vagina; any conditions leading to congestion of the generative organs, as inactive habits, too much sitting, especially if combined with too high living or the use of stimulants; at times it is owing to an aphthous form of inflammation of the mucous membrane of the vagina, and may co-exist with the sore mouth which sometimes accompanies pregnancy or lactation. Worms or Pediculi may occasion the irritation. A want of proper cleanliness also is, no doubt, a frequent cause. Taking opium, or hydrate of chloral, has caused it. Disorders of the digestive organs,—Constipation, Piles, etc., are frequently associated with this condition. It is especially liable to occur in ladies who have suffered from Leucorrhœa or urinary troubles.

MEDICINAL TREATMENT.—*Acon.*, *Ambra*, *Ars.*, *Bell.*, *Borax*, *Collin.*, *Con.*, *Graph.*, *Kreas.*, *Lyc.*, *Merc.*, *Plat.*, *Sep.*, *Sulph.*, *Thuja*.

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Ambra*.—With itching of the anus.

*Arsenicum*.—*Chronic* eczematous Pruritus.

*Borax*.—This remedy has often great power over this affection, and should be used internally, and as a wash.

*Conium*.—Itching and soreness of the parts from acrid milky Leucorrhœa.

*Graphites*.—Itching with excoriations or vesicles. It should be administered internally, and as a wash.

*Kreasote*.—Pruritus with *fætid* corrosive Leucorrhœa.

*Mercurius*.—Aphthous or eczematous Pruritus.

*Platina*.—Pruritus associated with ovarian or uterine disorder.

*Sepia*.—Inflammation and swelling of the vulvæ; Leucorrhœa, with bearing-down and excoriation of the parts.

ADMINISTRATION.—A dose three or four times daily.



Carbolic Acid, diluted Tincture of Iron, infusion of Hops (1 oz. of the drug to one quart of boiling water), and Flowers of Sulphur, have all proved efficient, in different hands, as local applications.

ACCESSORY MEANS.—Local treatment is generally necessary. Frequent and thorough ablutions of the external parts with tepid or cold water are very desirable for the comfort of the patient, and at the same time conducive to her recovery. A wash of Castile soap and warm water is often very useful. The *hip-bath*, used several times daily during an attack, and persevered in afterwards once a day, will be found very efficient in aiding the cure, and in preventing this troublesome affection. Temporary relief may be obtained by a solution of borax in water, applied two or three times a day to the parts. Sulpho-carbolate of zinc (one drachm to an ounce of water) may be applied twice daily, and often gives much relief. A tablespoonful of Eau-de-Cologne mixed in a teacupful of warm water, and applied directly by means of cloths saturated with the mixture, is another valuable application.

## 51.—ABORTION—MISCARRIAGE

When the expulsion of the foetus occurs in the early months of pregnancy it is termed *Abortion*, or Miscarriage; after about the seventh month, *Premature Birth*. In the former—Abortion or Miscarriage—the child is not *viable* (capable of an independent existence); in the latter—premature birth—it is. When Abortion has once occurred, a predisposition to it is engendered in subsequent pregnancies, and especially at about the corresponding period; consequently indiscretions and excesses are more likely to be fatal to natural delivery at this particular time than at

any other. Abortion must be regarded as a serious evil; it not only deprives the mother of the product of her pregnancy, but often places her health, and even life, in peril.

SYMPTOMS.—(1) *Slight symptoms of Miscarriage*.—A feeling of indisposition to exertion, depression, weakness and uneasiness at the bottom of the back and at the lower part of the abdomen, and other symptoms, resembling those which often precede menstruation.

(2) *Symptoms directly threatening Miscarriage*.—Slight and increasing discharge of blood; cutting pains in the loins and abdomen, recurring in paroxysms, and with increasing intensity.

(3) *Miscarriage*.—Pains, at first slight and irregular, now become severe, and recur at regular intervals, with bearing-down, watery discharges, and expulsion of the foetus.

CAUSES.—The *predisposing* causes are—feebleness of constitution; too slight an attachment of the embryo to the womb during the early part of pregnancy; profuse menstruation; too great *rigidity* of the walls of the womb, which opposes the due expansion of the organ; a relaxed condition of the uterus or of its neck; long-continued Leucorrhœa; excessive sexual indulgence; acute diseases, particularly those of the uterus and abdominal viscera; exposure to malignant forms of disease—Small-pox, Scarlatina, Diphtheria, etc.; want of sufficient healthy exercise; late hours, as in nursing the sick, especially if combined with anxiety; and unrelieved by daily recreation in the open air.

The most frequent *exciting* causes are the following: *Over-reaching*, as in hanging a picture; falls and blows; taking a *false step* in going up or down stairs; lifting heavy weights; *long walks*; horseback exercise, or riding in carriages

over rough roads; climbing steep or difficult steps; dancing; excessive use of the sewing machine; late hours; *tight garments*, especially such as exert undue compression upon the abdomen; indigestible food; acute diseases and inflammatory affections of the womb or adjacent organs; purgatives, especially such as operate directly upon the uterus; violent mental emotions, as in care, anger, grief, fright, etc. Also all circumstances which immediately or remotely excite abnormal contractions of the uterus. The causes just enumerated are not usually followed by Miscarriage; indeed, muscular efforts, moderately and regularly performed, are favourable to gestation. The danger arises in women who ordinarily take but little exercise, either in or out of doors, but who under excitement or the stimulus of unusual circumstances do an amount or kind of work and perform feats which result in the mischief under consideration. Abortion, again, is more likely to arise from the above causes when a predisposition to it already exists, more especially at the end of the third month, or at the period corresponding to that at which it previously occurred. But the most powerful exciting cause is the recurrence of the time when, but for pregnancy, menstruation would have taken place, for at this period Abortion is a hundred times more likely to occur than at any other time. To those who have once aborted, therefore, the return of what would have been the monthly period is always a critical event.

EPITOME OF MEDICINAL TREATMENT.—

1. THREATENED ABORTION.—*Acon.*, *Arn.*, *Ham.*, *Sab.*, *Sec.*
2. ACTUAL ABORTION.—*Croc.*, *Ipec.*, *Sab.*, *Sec.*
3. PREVENTIVE TREATMENT.—*Aletris*, *Calc.-C.*, *Caul.*, *Cin.*, *Puls.*, *Sab.*, *Sec.*

LEADING INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—In *full-blooded* patients with strong, quick



pulse. If indicated, this remedy may be alternated with another.

*Chamomilla*.—Extreme *sensitiveness* to the pains, with nervousness and *irritability*; threatened Miscarriage consequent on anger, fright, or other strong emotion.

*Crocus*.—Profuse discharge of darkish *clotted* blood.

*Hamamelis*.—Discharge of blood *without pain*.

*Ipecacuanha*.—Flooding of *bright-red blood*, with *nausea* and tendency to faintness. Also useful in preventing Miscarriage when the patient first experiences pressure downwards, sickness, coldness, and after any discharge of blood.

*Nux Vom*.—Constipation attended with straining.

*Sabina*.—Abortion with a sense of heat and soreness in the womb, especially at about the third or fourth month, even if labour pains and a *red discharge* have set in.

*Secale*.—Severe, *forcing, bearing-down pains* like those of labour, with no discharge, or with excessive dark discharge; and when the patient has previously suffered from painful menstruation; also after Miscarriage. Dr. Dalziel informs us that when decided hæmorrhage is present he uses the ordinary Tinct. *Sec.* (of the B. P.), in ten-drop doses every three or four hours, and thus checks severe hæmorrhage, pregnancy going on to the full time. The medicine should not, however, be taken in this form except under the direction of a medical man.

*Virburnum*.—This will prevent Miscarriage, if given before the membranes are injured, and when the pains are *spasmodic*.

ADMINISTRATION.—In cases of threatened Miscarriages, a dose every fifteen, thirty, or sixty minutes, according to the urgency of the symptoms; as these abate, once in two to four hours.

ACCESSORY MEANS.—Immediately after a patient has had the least “show,” she should lie down in a cool, well-ventilated room, on a sofa or hair mattress, and maintain that posture till all symptoms of Miscarriage have disappeared. Merely resting the legs and feet is quite insufficient. In cases, however, in which Miscarriage is only apprehended, it is not necessary to restrict the patient wholly to the recumbent posture; gentle and moderate out-of-door exercise is necessary, as entire rest weakens the constitution and augments any existing predisposition. Sexual intercourse must be avoided; also coffee, tea, and other kinds of hot drink that occasion flushings, excitement, etc.; also the circumstances tending to produce Abortion, as detailed under “Causes.”

AFTER MISCARRIAGE.—When Miscarriage has actually occurred, the immediate after-treatment should be the same as pointed out under “Labour.” The patient should be kept in bed, and in every respect the same care observed as if she had gone through labour in due course. If the patient leaves her bed and goes about household duties before the womb has had sufficient rest and time to return to its unimpregnated size, displacement, subinvolution, prolapse, and subsequent abortions are likely to occur. Abortion and Miscarriage, more frequently than natural parturition, are followed by defective uterine involution; and this is because the menstrual discharge is brought on too soon by the resumption of the duties and pleasures of life. The uncontracted womb is thus likely to become permanently over-sensitive and congested, and this condition may merge into inflammation in weakly constituted women. (See Section on “Profuse Menstruation.”)

PREVENTIVE REMEDIES.—Where a predisposition to Miscarriage exists, one of the following remedies should

be administered as soon as the person is known to be pregnant, and continued once or twice daily for two or three months:—*Caulophyllum*, *Cimicifuga*, *Helonias*, *Pulsatilla*, *Sabina*, or *Secale*, according to the local symptoms present. When the general health is at fault constitutional remedies are necessary.

*Calcareia*.—Patients of a *strumous* constitution.

*Helonias*.—General *anæmic* symptoms.

*Sepia*.—Previous irregular or *scanty menstruation*; affections of the skin, sick headaches, etc.

GENERAL PREVENTIVE MEASURES.—Every attention should be directed towards maintaining as vigorous a state of constitution as possible. The diet should be good and liberal, but within the limits indicated in the Section on “General Habits during Pregnancy.” Open-air exercise should be taken for two or three hours a day, if it can be borne without fatigue. For the bed, a hair mattress over a feather bed is the most suitable; and cold or tepid sponging should be practised every morning both in summer and winter. Sometimes a *hip-bath* should be conjoined with the sponging. The patient should sit in the bath, about half filled with water, for three or four minutes on rising in the morning. Whilst in the bath the water should be dashed over the stomach and back with the hand or by means of a sponge. After the bath, the body should be rubbed with a large towel or sheet until reaction is thoroughly established. When there are threatenings of Miscarriage, the patient must *strictly confine herself to the recumbent posture*, even for weeks should it be necessary; and especially after Miscarriage has taken place must she retain that posture, as if pregnancy had gone on to the full term. The uterus must have a period of rest, which is as necessary after Miscarriage as after an ordinary labour. Especial care and rest are necessary when-



ever the monthly period comes round. If this last precaution were fully acted upon, it would suffice to break what is termed the *habit* of aborting. In some cases Abortion can only be prevented by a separation of the husband and wife for some months, during which time efforts should be made to reduce the uterus to its natural size and condition. (See Section on "Subinvolution.") Together with the rest of the body here recommended, a quiet and tranquil state of mind should, as far as possible, be maintained.

## CHAPTER VIII

### LABOUR

#### 52.—CALCULATION OF THE TIME OF LABOUR

THE following table will be especially valuable to the newly married lady, who, through delicacy, might hesitate to seek advice on this important and interesting subject. Much time may be saved, often great anxiety avoided, and timely medical and other attendants secured, by ability to approximate in reckoning to the hour of solicitude and hope.

The period of pregnancy, from conception to confinement, is calculated at ten *lunar* months, or forty weeks, which amount to 280 days.<sup>1</sup> It is sometimes reckoned at nine *calendar* months, that is 273 to 275 days, or 39 weeks; probably, however, forty weeks is the safer reckoning. Gestation is occasionally protracted beyond 280 days. Cases are recorded in which labour has been delayed 10, 20, or even 30 days beyond the usual period, but such cases are very rare. When the date of conception is known, the reckoning begins from that day. If that be not known, then the calculation must commence from the last monthly

<sup>1</sup> A very clear case, confirming this statement, occurred at University College Hospital. A maternity patient recorded the day of intercourse, distinctly remembering that she ceased menstruating the day before. She quickened on 7th March, 106 days from the time of intercourse, and was delivered on 30th August, after a labour of 40 hours. The period of gestation was just 280 days. Similarly clear cases have been reported in the *Lancet*, showing the period to be 272 and 286 days. The period of gestation cannot therefore be stated with certainty.

period. If the time of the last monthly course cannot be remembered, then that of *quickenings*, or when the movements of the child are first perceived, must be made use of. Although sexual connection may not be confined to any period of the month, yet it is an old observation, confirmed by the experience of modern accoucheurs, that conception is more likely to occur within a few days before or after the menstrual flux than at other times.

Patients who make use of the annexed table should remember that the period of pregnancy is slightly altered by the age of the parties concerned; the fact being clearly proved, that the younger the husband and wife, the shorter the term of utero-gestation; and *vice versa*, as age increases, the term of gestation is proportionally lengthened.

Dr. Clay states that he once witnessed a curious experiment bearing on this subject, on the eggs of domestic fowls. Poult eggs can be easily distinguished from those of hens of three or more years old. A certain number of them were placed under a young hen, and an equal number of eggs from older fowls under an old hen. The result was, that every chick had escaped its shell from under the young hen at least twenty-four hours, some even as much as thirty-six, sooner than those of the old hen. This difference is very remarkable in so short a period of incubation. He infers from this and other circumstances that the duration of the gestative period is far more definite than has hitherto been supposed, and that where the circumstances are similar, the result as to the length of term is very nearly the same. In maintaining that utero-gestation is definite and regulated by age, the age is not to be calculated by that of the mother alone, but by the combined age of both parents.



CALENDAR OF THE THREE PERIODS OF GESTATION

Concep.		Quick.		Labour.		Concep.		Quick.		Labour.	
Jan.	1	May	20	Oct.	8	Feb.	13	July	2	Nov.	20
...	2	...	21	...	9	...	14	...	3	...	21
...	3	...	22	...	10	...	15	...	4	...	22
...	4	...	23	...	11	...	16	...	5	...	23
...	5	...	24	...	12	...	17	...	6	...	24
...	6	...	25	...	13	...	18	...	7	...	25
...	7	...	26	...	14	...	19	...	8	...	26
...	8	...	27	...	15	...	20	...	9	...	27
...	9	...	28	...	16	...	21	...	10	...	28
...	10	...	29	...	17	...	22	...	11	...	29
...	11	...	30	...	18	...	23	...	12	...	30
...	12	...	31	...	19	...	24	...	13	Dec.	1
...	13	June	1	...	20	...	25	...	14	...	2
...	14	...	2	...	21	...	26	...	15	...	3
...	15	...	3	...	22	...	27	...	16	...	4
...	16	...	4	...	23	...	28	...	17	...	5
...	17	...	5	...	24	Mar.	1	...	18	...	6
...	18	...	6	...	25	...	2	...	19	...	7
...	19	...	7	...	26	...	3	...	20	...	8
...	20	...	8	...	27	...	4	...	21	...	9
...	21	...	9	...	28	...	5	...	22	...	10
...	22	...	10	...	29	...	6	...	23	...	11
...	23	...	11	...	30	...	7	...	24	...	12
...	24	...	12	...	31	...	8	...	25	...	13
...	25	...	13	Nov.	1	...	9	...	26	...	14
...	26	...	14	...	2	...	10	...	27	...	15
...	27	...	15	...	3	...	11	...	28	...	16
...	28	...	16	...	4	...	12	...	29	...	17
...	29	...	17	...	5	...	13	...	30	...	18
...	30	...	18	...	6	...	14	...	31	...	19
...	31	...	19	...	7	...	15	Aug.	1	...	20
Feb.	1	...	20	...	8	...	16	...	2	...	21
...	2	...	21	...	9	...	17	...	3	...	22
...	3	...	22	...	10	...	18	...	4	...	23
...	4	...	23	...	11	...	19	...	5	...	24
...	5	...	24	...	12	...	20	...	6	...	25
...	6	...	25	...	13	...	21	...	7	...	26
...	7	...	26	...	14	...	22	...	8	...	27
...	8	...	27	...	15	...	23	...	9	...	28
...	9	...	28	...	16	...	24	...	10	...	29
...	10	...	29	...	17	...	25	...	11	...	30
...	11	...	30	...	18	...	26	...	12	...	31
...	12	July	1	...	19	...	27	...	13	Jan.	1

# CALCULATION OF THE TIME OF LABOUR

Concep.	Quick.	Labour.	Concep.	Quick.	Labour.
Mar. 28	Aug. 14	Jan. 2	May 14	Sept. 30	Feb. 18
... 29	... 15	... 3	... 15	Oct. 1	... 19
... 30	... 16	... 4	... 16	... 2	... 20
... 31	... 17	... 5	... 17	... 3	... 21
April 1	... 18	... 6	... 18	... 4	... 22
... 2	... 19	... 7	... 19	... 5	... 23
... 3	... 20	... 8	... 20	... 6	... 24
... 4	... 21	... 9	... 21	... 7	... 25
... 5	... 22	... 10	... 22	... 8	... 26
... 6	... 23	... 11	... 23	... 9	... 27
... 7	... 24	... 12	... 24	... 10	... 28
... 8	... 25	... 13	... 25	... 11	Mar. 1
... 9	... 26	... 14	... 26	... 12	... 2
... 10	... 27	... 15	... 27	... 13	... 3
... 11	... 28	... 16	... 28	... 14	... 4
... 12	... 29	... 17	... 29	... 15	... 5
... 13	... 30	... 18	... 30	... 16	... 6
... 14	... 31	... 19	... 31	... 17	... 7
... 15	Sept. 1	... 20	June 1	... 18	... 8
... 16	... 2	... 21	... 2	... 19	... 9
... 17	... 3	... 22	... 3	... 20	... 10
... 18	... 4	... 23	... 4	... 21	... 11
... 19	... 5	... 24	... 5	... 22	... 12
... 20	... 6	... 25	... 6	... 23	... 13
... 21	... 7	... 26	... 7	... 24	... 14
... 22	... 8	... 27	... 8	... 25	... 15
... 23	... 9	... 28	... 9	... 26	... 16
... 24	... 10	... 29	... 10	... 27	... 17
... 25	... 11	... 30	... 11	... 28	... 18
... 26	... 12	... 31	... 12	... 29	... 19
... 27	... 13	Feb. 1	... 13	... 30	... 20
... 28	... 14	... 2	... 14	... 31	... 21
... 29	... 15	... 3	... 15	Nov. 1	... 22
... 30	... 16	... 4	... 16	... 2	... 23
May 1	... 17	... 5	... 17	... 3	... 24
... 2	... 18	... 6	... 18	... 4	... 25
... 3	... 19	... 7	... 19	... 5	... 26
... 4	... 20	... 8	... 20	... 6	... 27
... 5	... 21	... 9	... 21	... 7	... 28
... 6	... 22	... 10	... 22	... 8	... 29
... 7	... 23	... 11	... 23	... 9	... 30
... 8	... 24	... 12	... 24	... 10	... 31
... 9	... 25	... 13	... 25	... 11	April 1
... 10	... 26	... 14	... 26	... 12	... 2
... 11	... 27	... 15	... 27	... 13	... 3
... 12	... 28	... 16	... 28	... 14	... 4
... 13	... 29	... 17	... 29	... 15	... 5

LABOUR

Concep.		Quick.		Labour.		Concep.		Quick.		Labour.	
June	30	Nov.	16	April	6	Aug.	16	Jan.	2	May	23
July	1	...	17	...	7	...	17	...	3	...	24
...	2	...	18	...	8	...	18	...	4	...	25
...	3	...	19	...	9	...	19	...	5	...	26
...	4	...	20	...	10	...	20	...	6	...	27
...	5	...	21	...	11	...	21	...	7	...	28
...	6	...	22	...	12	...	22	...	8	...	29
...	7	...	23	...	13	...	23	...	9	...	30
...	8	...	24	...	14	...	24	...	10	...	31
...	9	...	25	...	15	...	25	...	11	June	1
...	10	...	26	...	16	...	26	...	12	...	2
...	11	...	27	...	17	...	27	...	13	...	3
...	12	...	28	...	18	...	28	...	14	...	4
...	13	...	29	...	19	...	29	...	15	...	5
...	14	...	30	...	20	...	30	...	16	...	6
...	15	Dec.	1	...	21	...	31	...	17	...	7
...	16	...	2	...	22	Sept.	1	...	18	...	8
...	17	...	3	...	23	...	2	...	19	...	9
...	18	...	4	...	24	...	3	...	20	...	10
...	19	...	5	...	25	...	4	...	21	...	11
...	20	...	6	...	26	...	5	...	22	...	12
...	21	...	7	...	27	...	6	...	23	...	13
...	22	...	8	...	28	...	7	...	24	...	14
...	23	...	9	...	29	...	8	...	25	...	15
...	24	...	10	...	30	...	9	...	26	...	16
...	25	...	11	May	1	...	10	...	27	...	17
...	26	...	12	...	2	...	11	...	28	...	18
...	27	...	13	...	3	...	12	...	29	...	19
...	28	...	14	...	4	...	13	...	30	...	20
...	29	...	15	...	5	...	14	...	31	...	21
...	30	...	16	...	6	...	15	Feb.	1	...	22
...	31	...	17	...	7	...	16	...	2	...	23
Aug.	1	...	18	...	8	...	17	...	3	...	24
...	2	...	19	...	9	...	18	...	4	...	25
...	3	...	20	...	10	...	19	...	5	...	26
...	4	...	21	...	11	...	20	...	6	...	27
...	5	...	22	...	12	...	21	...	7	...	28
...	6	...	23	...	13	...	22	...	8	...	29
...	7	...	24	...	14	...	23	...	9	...	30
...	8	...	25	...	15	...	24	...	10	July	1
...	9	...	26	...	16	...	25	...	11	...	2
...	10	...	27	...	17	...	26	...	12	...	3
...	11	...	28	...	18	...	27	...	13	...	4
...	12	...	29	...	19	...	28	...	14	...	5
...	13	...	30	...	20	...	29	...	15	...	6
...	14	...	31	...	21	...	30	...	16	...	7
...	15	Jan.	1	...	22	Oct.	1	...	17	...	8



# CALCULATION OF THE TIME OF LABOUR

Concep.		Quick.	Labour.	Concep.		Quick.	Labour.
Oct.	2	Feb. 18	July 9	Nov. 17	April 5	Aug. 24	
...	3	... 19	... 10	... 18	... 6	... 25	
...	4	... 20	... 11	... 19	... 7	... 26	
...	5	... 21	... 12	... 20	... 8	... 27	
...	6	... 22	... 13	... 21	... 9	... 28	
...	7	... 23	... 14	... 22	... 10	... 29	
...	8	... 24	... 15	... 23	... 11	... 30	
...	9	... 25	... 16	... 24	... 12	... 31	
...	10	... 26	... 17	... 25	... 13	Sept. 1	
...	11	... 27	... 18	... 26	... 14	... 2	
...	12	... 28	... 19	... 27	... 15	... 3	
...	13	Mar. 1	... 20	... 28	... 16	... 4	
...	14	... 2	... 21	... 29	... 17	... 5	
...	15	... 3	... 22	... 30	... 18	... 6	
...	16	... 4	... 23	Dec. 1	... 19	... 7	
...	17	... 5	... 24	... 2	... 20	... 8	
...	18	... 6	... 25	... 3	... 21	... 9	
...	19	... 7	... 26	... 4	... 22	... 10	
...	20	... 8	... 27	... 5	... 23	... 11	
...	21	... 9	... 28	... 6	... 24	... 12	
...	22	... 10	... 29	... 7	... 25	... 13	
...	23	... 11	... 30	... 8	... 26	... 14	
...	24	... 12	... 31	... 9	... 27	... 15	
...	25	... 13	Aug. 1	... 10	... 28	... 16	
...	26	... 14	... 2	... 11	... 29	... 17	
...	27	... 15	... 3	... 12	... 30	... 18	
...	28	... 16	... 4	... 13	May 1	... 19	
...	29	... 17	... 5	... 14	... 2	... 20	
...	30	... 18	... 6	... 15	... 3	... 21	
...	31	... 19	... 7	... 16	... 4	... 22	
Nov.	1	... 20	... 8	... 17	... 5	... 23	
...	2	... 21	... 9	... 18	... 6	... 24	
...	3	... 22	... 10	... 19	... 7	... 25	
...	4	... 23	... 11	... 20	... 8	... 26	
...	5	... 24	... 12	... 21	... 9	... 27	
...	6	... 25	... 13	... 22	... 10	... 28	
...	7	... 26	... 14	... 23	... 11	... 29	
...	8	... 27	... 15	... 24	... 12	... 30	
...	9	... 28	... 16	... 25	... 13	Oct. 1	
...	10	... 29	... 17	... 26	... 14	... 2	
...	11	... 30	... 18	... 27	... 15	... 3	
...	12	... 31	... 19	... 28	... 16	... 4	
...	13	April 1	... 20	... 29	... 17	... 5	
...	14	... 2	... 21	... 30	... 18	... 6	
...	15	... 3	... 22	... 31	... 19	... 7	
...	16	... 4	... 23				

### 53.—DIFFICULT LABOUR

**Influence  
of Artificial  
Habits** Many of the sufferings attendant upon parturition arise from those habits of life which it is the object of this Manual to expose and to guard against, such as—diet of an improper quality or quantity; the use of stimulating beverages; want of sufficient pure air and healthy exercise; tight lacing; late hours; and other injurious habits. Amongst savage tribes childbearing is comparatively free from the sufferings which too frequently attend it in an artificial state of society. Catlin tells us that an Indian woman on the march will often deliver herself, and safely rejoin her companions with her newly-born child on her back before night has set in. What a contrast to the physical disabilities which follow in the train of civilization.<sup>1</sup> Even in our country, healthy women, of regular habits, accustomed to out-of-door exercise, and whose general mode of life is natural, are freed from the long train of miseries which are the too frequent concomitants of childbearing.

**Obstructive  
Causes** At the same time, causes of difficult labour may exist of a more remote nature, and less directly referable to the habits of the patient. Such are—contraction and deformity of the bones of the pelvis, from Rickets, or from a similar disease

<sup>1</sup> In a note in the American Edition of this Manual, the Editor, Dr. Ludlam, remarks: "The popular idea that the wild life of Indian women exempts them altogether from the dangers and sufferings contingent upon childbirth is fallacious. The truth is, they often die in labour for lack of proper treatment. Cases of preternatural labour are relatively more frequent among women who are exposed to the hardships of frontier life than with those who belong to the better classes in our cities and towns."

Oviparous animals have been known to lose their lives when in labour, striving to be delivered of the egg. This is true of the ostrich, tortoise, and other creatures.

in adult life; ankylosis of the coccygeal vertebræ to each other and to the sacrum, diminishing nearly an inch the antero-posterior diameter of the outlet of the pelvis;<sup>1</sup> obstruction from tumours, dropsy, the large size of the child, or from a hydrocephalic head; wrong presentation, etc. The management of these cases requires professional knowledge and skill.

Simpler causes of difficult or tedious labours are--a distended bladder; accumulation in the lower bowel; or indigestion from a too full meal, or from food that disagrees, taken just before labour sets in. Prompt treatment suffices at once to remove these obstacles to the progress of labour.

**Powerless  
Labour**

Powerless labour is generally due to constitutional *feebleness*, as from previous ill-health, too frequent labours, etc. Here, of course, *preventive* treatment is indicated. This includes nourishing diet, pure air, suitable exercise, and the administration of one or more of the remedies which our now rich *Materia Medica* offers.

**Preventive  
Treatment**

This seems a proper place to make a remark on treatment preparatory to labour in cases about which any difficulty is apprehended. Our pharmacopœia contains remedies which, selected according to the requirements of each case, and administered once or twice a day for some time prior to parturition, tend to facilitate that process, and even to correct conditions that would otherwise operate as causes of difficulty. Patients for whom we have prescribed during gestation have often told us of the comparative absence of pains and difficulty which they had experienced in previous

<sup>1</sup> The condition described in the text is most frequent in women bearing a first child late in life and in women who have been accustomed to sit during the greater part of the day. Ankylosis is also not infrequent in women who ride too much on horseback.



labours; and these instances are now altogether too numerous to allow of their being regarded as mere coincidences. As far as our observations extend, the difficulties and dangers of parturition are far less under homœopathic than under allopathic treatment; to say the least, they are then reduced to a minimum, and especially when preparatory treatment has been adopted.

#### 54.—PREPARATIONS FOR LABOUR

**The Monthly Nurse** She should be a middle-aged *married* woman, or a widow; of temperate, kind, and cleanly habits; and free from any defect of sight or hearing. In every respect she should be subordinate to the medical attendant, and faithfully carry out his directions, both as to the mother and the infant, as he alone is responsible. Under no pretext should she interfere with the medical treatment, or employ remedies or applications not prescribed by the doctor. If such an arrangement were convenient, the nurse should be selected by the medical man, be engaged early, and, as the whole of her time and the best of her energies are to be devoted to the lady and the infant, she should be liberally remunerated.

**The Lying-in Room** If practicable, a spacious, well-ventilated room, having a southern aspect, should be selected. Provision should exist both for the admission of fresh air, and the escape of tainted air. Renewal of the air is generally best secured by occasionally leaving the door ajar, having the fireplace open, and the top sash of the window more or less down, according to the season. Fresh air wonderfully helps a lady to go through the process of parturition. In cold weather a fire may be

kept in the room, but neither the mother nor infant should be exposed to its direct influence.

In addition to the medical man and the nurse, one female friend—not the mother of the patient—may likewise be present in the chamber; she should be a prudent, *cheerful* person, and if herself the mother of children, so much the better. Remarks calculated to depress the patient, especially any referring to unfavourable labours, are strictly improper. If convenient, the mother of the patient may be in the house, or within a short distance, the knowledge of such fact tending to comfort the patient. But she should not be in the lying-in chamber, as maternal anxiety is occasionally very embarrassing there. There are, however, occasional exceptions to this rule.

**Minor Preparations** All articles of clothing necessary for the mother and the infant should be well aired ready for immediate use, and so arranged that they may be found in an instant. A little fresh, unsalted lard; about twelve inches length of nice twine, or four or five threads; a pair of blunt-edged scissors; a few patent pins; and the binder or bandage. Also a piece of waterproof sheeting, or strong oiled silk, or even a common oilcloth table-cover, should be placed under the blanket and sheet over the *right* side of the bed, to protect it from being injured by the discharges.

**Attention to the Bowels** Attention to the action of the bowels is necessary. Generally the bowels are somewhat relaxed—a wise provision of nature, for by thoroughly emptying the bowel more space is gained for the birth of the child. Should, however, the bowels be confined, an injection of from one to two pints of tepid water will be sufficient to empty the intestine,

and is far preferable to the common but reprehensible practice of taking *castor-oil*, or any other aperient drug. Ample experience leads us emphatically to denounce the practice of giving purgatives, as both unnecessary and hurtful. A good injection of water as soon as labour has set in, especially when the lady is costive, will not only facilitate the birth of the child, but obviate the unpleasant occurrence of an escape of fæces during parturition. If there is a considerable collection of hardened fæces, a warm soap-and-water enema may be necessary.

**The Bladder** During labour, a woman should never neglect to pass water as often as necessary.

The proximity of the bladder to the womb renders it most undesirable that the former should be distended with urine, as nature requires the utmost available space for the passage of the child. Besides, the powerful action of the womb at the commencement of labour may, if the bladder is distended with urine, press it down into the vagina, thus injuring the bladder, and retarding labour. This caution is especially necessary in first labours, when, from a refined sensibility, ladies are apt to suffer much inconvenience from inattention to this point. If the bladder is full, and there is inability to pass water, the measures suggested in the Section on "Retention of Urine" should be adopted, or, better, the doctor should be informed of the fact. The importance of attention to the state of the bladder during and immediately after labour can scarcely be overrated.

**Position of the Patient** During the precursory stage of labour the patient should not confine herself to bed—not even to her own bedroom, unless she desires it,—but walk about a little; a certain amount of unrest leads her from place to place, and it would be most undesirable to confine her to her bed.



A change of position is a good preventive or remedy for *cramp* of the legs and thighs, which occasionally comes on, more especially when she is restricted to one posture. If medicine be necessary to remove this symptom, *Cocc.*, *Puls.*, or *Ver.-Vir.* may be administered.

**To Prevent  
Difficult  
Labour** If from experience of previous labours a difficult labour is anticipated, *Arnica* should be taken three times a day for four weeks before the calculated time.

### 55.—FALSE LABOUR PAINS

Towards the close of gestation, women are apt to suffer from pains which may be mistaken for those of labour, but which are of a perfectly distinct character.

DIAGNOSIS.—The following table exhibits the difference between true and false pains:—

TRUE PAINS	FALSE PAINS
1. Come on and go off <i>regularly</i> , gradually increasing in frequency and severity.	1. Are <i>irregular</i> in their recurrence, or, in some instances, are unremitting.
2. Are situated in the <i>back</i> and <i>loins</i> .	2. Are chiefly confined to the <i>abdomen</i> .
3. Are <i>grinding</i> or <i>bearing-down</i> , according to the stage of labour.	3. Are of a <i>colicky</i> nature.
4. Arise from the contraction of the uterus, and the resistance made to its efforts, and the mouth of the womb may be felt <i>dilated</i> at each pain.	4. Are caused by cold, flatulence, indigestion, spasm, fatigue, etc., and have no effect upon the mouth of the womb, which is found <i>closed</i> .
5. Are usually attended with a " <i>show</i> ."	5. Are <i>unattended</i> with a " <i>show</i> ."

MEDICINAL TREATMENT.—*Acon.*, *Bry.*, *Caul.*, *Cham.*, *Cim.*, *Dulc.*, *Nux V.*, *Puls.*, *Ver.-V.*, *Vib.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—Pains in young plethoric persons, with febrile symptoms.

*Bryonia*.—Dragging pains in the loins, increased by movement, and attended with constipation and much irritability.

*Caulophyllum*.—There is no remedy, says Dr. Hale, upon which we can rely with more confidence than this one. It is equally efficacious when the pains are spasmodically or continuously bearing-down.

*Nux Vomica*.—Dragging pains in the abdomen and back, as if from a bruise, and attended with constipation, flatulence, and irritability, in persons of dark complexions and lively temperament.

*Pulsatilla*.—Symptoms similar to the ones under *Nux*, but in women of a mild, gentle disposition, and fair complexion.

ADMINISTRATION.—In severe cases, a dose every twenty to forty minutes; in mild or tedious cases, every three or four hours.

## 56.—SYMPTOMS AND STAGES OF LABOUR

<b>Symptoms of Labour</b>	The earliest is a diminution of the waist, from sinking of the child lower down in the abdomen. This subsidence of the womb gives the lady a feeling of lightness and comfort; pressure on the thoracic region being removed, she breathes more freely and is better able to take exercise. But occasionally this alteration in the position of the womb leads to irritability of the bladder by its pressure on that organ, giving rise to a frequent desire to urinate. After this symptom has existed for a few days, or even in some cases only a few hours, the more immediate symptoms of labour occur; these are—agitation, dejection of spirits, flying pains, frequent inclination to relieve the bladder and the bowels, relaxation of the external parts, and a slight discharge of
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mucus tinged with red, technically called the "show." This latter is the most certain indication that labour has really commenced.

At this stage, sometimes *shivering* and *sickness* come on; but as they are not unfavourable symptoms, they require no particular treatment, certainly *not brandy*, for their removal.

Labour has been divided into three stages.

#### Stages of Labour

The *first*, in which the uterus alone acts, commences with uterine contractions, the pains being of a *grinding* character; the *os uteri* (mouth of the womb) gradually dilates until it is sufficiently capacious to admit the passage of the head of the child. In this stage it is not necessary for the lady to confine herself to bed; she is better walking about the room, occasionally lying down when a pain comes on. She should not on any account bear-down, as some ignorant nurses advise, for before the mouth of the womb is sufficiently dilated, the child could not be born, except by *rupture* of the womb.

The *second* stage of labour is indicated by the pains being of a *forcing bearing-down* nature; the abdominal muscles and the diaphragm assist the action of the uterus, acting in an involuntary and reflex manner; this stage terminates with the birth of the child. In this stage the lady should remain on the bed. Even now she should make no voluntary efforts to bear-down especially in the absence of pain; she should keep her eyes closed, to prevent injury to them during the irresistible straining which attends the expulsive pains.

The *third* stage includes the expulsion of the placenta, which generally takes place in about fifteen or twenty minutes, or it may be a little longer, after the birth of the child.



**Length of Labour**      It has been laid down as a general rule, that a first labour continues six hours, and a subsequent one three hours. This calculation dates from the commencement of *actual labour*; if the premonitory flying pains are included, the time would probably be doubled. The *first* labour of a woman who marries beyond the age of thirty usually occupies a longer time than one who marries at about the age previously indicated (p. 114).

**Tedius Labour**      In previous editions we have remarked that *tedious* labours are, as a rule, natural, and by no means necessarily dangerous. But this tediousness must be within certain limits—from three to six hours. If greatly prolonged beyond this, labour may be attended with danger to both mother and child. When the labour is likely to be prolonged, the mother is more likely to do well if the vectis or forceps be used early. Sir James Simpson and other careful obstetricians affirm that the mortality of mother and child is greater in labours prolonged beyond thirty-six hours than in those which terminate within twenty-four. If the head be well placed and the os well dilated without mechanical obstruction, slow labour with weak pains may be terminated at once.

Convulsions call for immediate interposition, and if the os be not sufficiently dilated, mechanical dilatation may be adopted until the forceps can be introduced. If courage be failing, and the sufferer be impatient, the instrument should be used, in case the nervous system be unstrung by the strain. Although it is undesirable to interfere with the operations of nature, the practitioner is present to aid nature; and prompt assistance may avert much agony and save many lives. In the hands of a man of ordinary intelligence and skill the vectis and forceps are perfectly safe, and

attended with no more danger of laceration than natural labour.

MEDICINAL TREATMENT.—So long as labour is progressing naturally and satisfactorily, the less it is interfered with in any way, so much the better will it be for the patient's comfort and recovery; but now and again cases are met with which require one or other of the following remedies to modify the course of the labour, or to remove some annoying or painful symptom:—*Acon.*, *Bell.*, *Caul.*, *Cim.*, *Gels.*, *Puls.*, *Secale*.

LEADING INDICATIONS FOR THESE REMEDIES:—

*Aconitum*.—Feverishness, palpitation, etc.

*Belladonna*.—Flushed face, throbbing *headache*, confusion of ideas; a tendency to wander may occur; or there may be convulsive movements, *sensitiveness to noise, light*, etc.

*Caulophyllum*.—As a *uterine excitant*.

*Cimicifuga*.—Spasmodic, painful, too violent, intermitting pains, sometimes with cramp in the limbs, and a tendency to general convulsions; also *nervous irritability and dejection*.

*Coffea*.—Excessively violent pains, with restlessness and great mental depression and nervous excitement.

*Gelseminum*.—To produce relaxation of a *rigid unyielding os uteri* in labour, this remedy, in from one to five drops of the strong tincture, every half-hour, is probably superior to every other.

*Pulsatilla*.—Irregularity, uncertain and fitful pains, confined chiefly to the back.

*Secale*.—Too weak pains, and when they seem to be declining.

ADMINISTRATION.—A dose every fifteen, twenty, or thirty minutes, as required. If no relief follows the third dose, another medicine may be chosen.

ACCESSORY MEANS.—When the pains are flagging, friction, with moderate, well-directed pressure over the abdomen, often stimulates the womb to increased activity. The pressure should be exerted until the placenta is detached.

CHLOROFORM IN LABOUR.—A natural labour is best, and its attendant pains should be patiently borne, especially when all is going on well. Chloroform is probably less frequently used now than it was a few years ago; still, with proper precautions, it is often a great blessing to those who are undergoing the “perils of childbirth.” It may slightly retard parturition by somewhat weakening, or rendering less frequent, uterine contractions; still a lady may be delivered naturally under its influence. It is unattended with danger to the child, nor is it liable on the part of the mother to occasion hæmorrhage, or tend to the production of Puerperal Mania. The pulse and the respiration furnish reliable indications as to the extent to which it may be carried, and the length of time the inhalation may be continued. When requested by a patient to administer it, and no objection to its use exists, the author never hesitates to do so. It should not, however, be administered except by the sanction and under the care of a qualified medical man. It may be given by pouring a sufficient quantity into a tumbler, and letting the patient inhale it in small doses, well diluted with atmospheric air, and when the stomach is empty. One or two minutes’ inhalation is generally necessary to effect a sensible diminution of the pain; its administration should be commenced when the dilating pains of the first stage of labour are past, and have been succeeded by the forcing, expulsive pains of the second stage. It should be inhaled just as a pain comes on, and be discontinued directly it goes off, or ceases to be felt. Unless



during instrumental delivery, the patient need not be made entirely unconscious by it. Talking in the room should not be allowed while she is inhaling the chloroform. Her head should not be raised, and she should not be allowed to sit up in bed for some hours after its administration.

57.—HOW TO ACT IN THE ABSENCE OF A MEDICAL MAN

Some labours are managed entirely by nurses who have had some preliminary training in a lying-in hospital, where also, perhaps, a short course of lectures has been delivered; but ladies generally prefer a qualified medical man, in whose care, firmness, and superior ability they have greater confidence. Inasmuch, however, as labour sometimes comes on earlier than was anticipated, or its stages are gone through so rapidly as not to give sufficient time for the attendance of a medical man, it is desirable to know how to act till he arrives. Calmness, judgment, self-possession, and attention to the following points, are generally all that is necessary in ordinary cases for the safety and comfort of the lady and infant, at least until the arrival of the accoucheur.

If, when the head is born, the face gets

<b>Birth before the Doctor's Arrival</b>	black, the exit of the shoulders should be aided by slight traction, by means of the index finger inserted in the <i>axilla</i> (armpit); but on no account should the head be pulled, for dislocation of the neck might result. After this the remaining exit of the body and <i>nates</i> (buttocks) should not be hurried.
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When the child is born, the nurse should at once remove it out of the way of the mother's discharges, place it where it has room to breathe, and see that the mouth is not

covered with clothes. The mouth should also be examined, and any mucus in it removed. At the same time it is very important to notice whether a coil of the *funis* (navel string) be tight round the infant's neck; and if so, to instantly liberate it to prevent strangulation. If there are two or three coils, they should be loosened a little to allow the child to breathe.

**To tie  
the Umbilical  
Cord**

The ligature—a piece of twine, or four or five threads—should be placed about two inches from the body of the infant, and *tied firmly* by a double knot round the umbilical cord; two or three inches farther from the body of the child a second ligature has to be similarly applied, and the cord then cut between the two ligatures with a pair of blunt-pointed scissors. The cord should not be ligatured till the child has given signs of life by its cries or vigorous breathing, or until all pulsation in the cord has ceased.

**The  
Placenta**

The umbilical cord having been ligatured and divided, no attempt should be made, by pulling at it, or otherwise, to remove the *placenta* (afterbirth). The only justifiable interference is firm pressure and occasional friction over the region of the womb, which tends to encourage contraction of that organ, by which means detachment and expulsion of the placenta is effected. We may judge whether the placenta is detached by examining over the lower part of the abdomen; and if the womb is felt contracting, and hard like a cricket-ball, the placenta is detached. A professional correspondent—Dr. Ussher—writes: “There is one very decided way of knowing when the placenta is detached; it is as follows: Grasp the cord in the hand and squeeze it; if pulsation is felt, separation is not complete. For this purpose one finger is not enough, the thrill is best felt through all.” If the

placenta be not expelled, it is in the vagina (*passage to the womb*); two fingers may then be passed up to the insertion of the cord, where the placenta may be grasped and brought away steadily and evenly, with a *spiral movement*, but without using force. The spiral movement tends to overcome the pressure of the atmosphere, and also winds the membranes into a kind of rope, so that they are less likely to be torn. It is by no means necessary to wait for a griping pain or two to effect the expulsion of the afterbirth. Indeed, the removal is better effected before the griping pains come on.

The binder may be made of strong linen  
**Application** or sheeting, about twelve inches wide and  
**of the**  
**Binder** a yard and a half long, so as to include the  
whole of the abdomen, and overlap a little.

It should be applied moderately firm, secured by patent pins, and readjusted as soon as it becomes loose. The binder is useful in two respects: it favours contraction of the uterus, and thus tends to obviate hæmorrhage; it also aids the return of the abdomen to its former size, and prevents the condition called "pendulous belly." The binder should be kept on for a week or ten days. It is only proper to add that medical men are not agreed as to the necessity of the binder, for while some always apply it, others discard it entirely. As, however, it can scarcely do harm, if properly applied, and may prevent hæmorrhage or uterine displacement, we recommend its application before the patient is left.

The first few hours after the birth of the  
**Immediately** child should be essentially hours of repose.  
**after**  
**Labour** For an hour, at least, the patient should  
maintain the same posture as during labour,  
and be no more disturbed than is necessary to apply the  
binder, remove the soiled napkins, and render her as



comfortable as the circumstances will permit. She may not on any account make the slightest exertion herself, or hæmorrhage is very liable to occur. One or two hours after labour the tendency to hæmorrhage is much reduced. A cup of *hot* tea, or a little warm arrowroot or gruel, may be given her; but except in extreme cases, or under the advice of a medical man, *no brandy or other stimulant should be permitted*. If the patient desires to pass water soon after labour, she should do so in a lying posture, but on no account sit up for that purpose, as dangerous hæmorrhage might thus be occasioned. By good management and quietude for two or three hours, a little sound and refreshing sleep is usually obtained, and her exhausted energies are soon renewed. After this, should no untoward circumstance forbid, she may be changed and placed in bed, preserving the horizontal posture. As soon as the infant is dressed and the mother made comfortable, the child should be presented to the breast. By this means the nipple is most likely to assume the proper form, the flow of milk is facilitated, and the activity thus excited in the breasts tends, by reflex action, to promote vigorous uterine contraction, and considerably reduces the danger of secondary hæmorrhage. As suggested in the Section on "Flooding," the nurse should examine the napkins very frequently at first, to ascertain if there be any undue hæmorrhage. The labour being thus completed, the window-blind should be let down, noise shut out, conversation forbidden, and everything done to induce the patient to sleep, at the same time making due provision for good ventilation. As soon as the child is washed and dressed, the nurse only should remain in the room.

*Arnica*.—In order to anticipate and prevent soreness as much as possible, it is well to administer *Arnica* internally, especially when the labour has been a hard and protracted

one; a few drops of the 1x or 2x dilution, in half a tumbler of water; a dessert-spoonful to be given every hour or two for three or four times. When the afterbirth has been expelled, *Arnica* may also be applied externally to the parts by wetting a napkin with *Arnica lotion* (twenty drops of the tincture to a tumbler of warm water), renewing the application as often as may be required. If the patient be liable to Erysipelas, *Hamamelis lotion* should be used in preference.

*Coffæa*.—Sleeplessness, nervous excitement, and restlessness.

*Aconitum* may be substituted for *Coffæa*, and given in the same manner, should any feverish symptoms occur.

## CHAPTER IX

### MANAGEMENT AFTER DELIVERY

#### 58.—DIET

ERRORS on this point have arisen from parturition having been regarded as a disease, rather than a physiological condition. Labour is a process of health, and under ordinary favourable circumstances there is no fever or febrile reaction, or any danger of inflammation; why then should a lady be restricted to gruel or low diet for a week? Indeed, under a low diet inflammatory symptoms are liable to be called into existence and bad matters are more readily absorbed by the uterine vessels. *A good diet is the best prophylactic against inflammation.* The diet we invariably give is nourishing, digestible, solid food from the very commencement; and we have never seen any untoward results. On the contrary, many ladies formerly under the care of doctors who gave only a slop diet, have expressed to us their thankfulness for the earlier and more complete restoration to their former condition, and their exemption from debility and other evils inseparable from a low diet. When a patient is delivered in the night or early morning, and there are no unfavourable symptoms, we allow a mutton chop for dinner on the first day; for other meals, well-made oatmeal-porridge, cocoa or tea, cold-buttered-toast, or bread-and-butter, a breakfast-cupful of arrowroot or gruel, light farinaceous puddings, etc. A too exclusive use of gruel and other slops is apt to distend the stomach, produce Constipation, and retard the necessary changes in the womb.



## 59.—FLOODING

This is one of the most frequent, and at the same time the most serious of the accidents which complicate the expulsion of the afterbirth. The hæmorrhage generally comes on with a rush a few minutes after the child is born, and before the placenta is expelled; occasionally it does not come on for several hours, or in rare cases even for several days.

**SYMPTOMS.**—The blood usually appears externally, which the accoucheur or nurse instantly recognises, and is sometimes so sudden and abundant as to place the patient in great danger; at other times the discharge is confined to the cavity of the womb, where it may escape detection, or be only recognised when it is difficult or impossible to remedy it. Pallor of the face, small pulse, dimness of vision, noise in the head, and fainting, are symptoms which accompany dangerous hæmorrhage, whether the discharge be internal or external.

**MEDICINAL TREATMENT.**—*Caul.*, *Croc.*, *Ham.*, *Ipec.*, *Sabin.*, *Sec.* The indications for these remedies will be found under “Profuse Menstruation,” pp. 54–56.

**ACCESSORY MEANS.**—Immediately the hæmorrhage occurs, one hand, previously dipped in cold water, should be placed on the abdomen, to grasp the uterus, to stimulate it to contract; at the same time napkins saturated with *cold* water [or else *hot* water—see next page] should be suddenly dashed on the external parts. An enema of ice-cold water will often be effectual. Small lumps of ice, when they are obtainable, may be introduced into the vagina, and carried even to the uterus, or pushed up the rectum, to arrest hæmorrhage; at the same time, small pieces of ice, in considerable quantities, should be frequently *swallowed*. The

internal and external employment of ice in this manner will rarely fail to effect early and vigorous contraction of the womb. The patient should remain quite still, the hips being a little elevated, and the pillow removed from her head. On the other hand, the application of heat to the spine by means of Chapman's spinal bags is very efficacious. (See p. 22.) Hot-water injections have also been recommended, as exerting a far more energetic action in the tonic contraction of the arterioles, and thus contracting the uterus. The water employed has been at the temperature of 120°. The application of the child to the breast is also useful, as it tends to excite uterine contraction. The patient should be lightly covered, the room kept cool, and a free circulation of air promoted. If the discharge has been alarming, and the patient appears on the point of death, she should have *brandy*, but slightly diluted with water, in small quantities, at frequent intervals. In this form it is the best stimulus to the heart, and less likely to excite sickness. Beef-tea, or *Liebig's extractum carnis*, should be given in small quantities, but frequently.

After flooding, the patient is generally inclined to sleep. This tendency should not be interrupted, as sleep wonderfully recruits the exhausted powers. The patient must not, however, be left alone, and frequent examinations should be made by the attendant. In the majority of cases, profuse hæmorrhages may be prevented by skilful medical treatment.

PREVENTIVE MEANS.—After delivery the patient should remain in silence, and enjoy the most absolute repose of mind and body for at least half an hour or an hour. A clean and well-aired napkin should be applied to the vagina as soon after delivery as possible, and the nurse strictly enjoined to examine it, at least every few minutes at first. In this way any excessive discharge will be easily

detected. As before remarked, after the lapse of one or two hours the danger of hæmorrhage is much reduced.

## 60.—AFTER-PAINS

Except after a *first* labour, women generally suffer from after-pains, the nature and intensity of which are much influenced by the character of the labour and the constitutional peculiarities of the patient. After-pains are liable to increase with each succeeding labour, and unless proper treatment is adopted, the pains may be very excessive, and prevent sleep. Much, however, may be done both in the way of preventing them, and of moderating their violence.

CAUSE.—*Uterine Contraction*.—After the birth of the child, and the detachment and expulsion of the afterbirth, muscular contractions are still necessary to close the now empty womb, and to reduce that organ to its natural size in the unimpregnated state. This is termed *Involution*. After-pains are said to be often troublesome in women who have taken chloroform during labour. This may be due to the severity of the pains, or the pains may seem greater from their mitigation during labour. In the latter case, Dr. Ludlam recommends five drops of *Chloroform* to be added to half a tumbler of water, and a teaspoonful to be administered as often as the pains recur.

MEDICINAL TREATMENT.—*Arn.*, *Bell.*, *Camph.*, *Cham.*, *Coff.*, *Gels.*, *Nux V.*, *Sabin.*, *Sec.*, *Xanth.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Arnica*.—Pains following a protracted, hard labour. This remedy may also be used externally. Twenty drops of the strong tincture of *Arn.* to a teacupful of warm water. A napkin, saturated with the lotion, should be



applied warm over the lower part of the abdomen, and covered with oiled silk or dry flannel to prevent too rapid evaporation.

*Belladonna*.—After-pains, with *headache*, *flushed face*, nervousness, and restlessness.

*Chamomilla*.—After-pains or irritable patients.

*Coffæa*.—Extreme sensibility, the pains being almost insupportable. with sleeplessness and restlessness.

*Gelseminum*.—From its remarkable power of diminishing excessive muscular activity, this remedy is recommended.

*Viburnum* covers the same symptoms.

*Nux Vomica*.—Severe after-pains and the discharge of *large firm clots*; flatulence.

*Sabina*.—Intermittent forcing-pains.

*Secale*.—Continuous forcing after-pains. A high potency is better than a low one.

*Xanthoxylum*.—This remedy is said to be of inestimable value in after-pains.

## 61.—THE LOCHIA (*Cleansings*)

This is a healthy discharge which takes place after delivery, and in colour and appearance at first resembles the menstrual discharge. Gradually, however, it becomes lighter, yellowish, and, before its final cessation, of a greenish or whitish hue. In a majority of cases the red colour changes in about a week to the yellowish shade. It varies considerably in different women, being in some thin and scanty, and continuing only a few days, and in others is so profuse as almost to amount to flooding, and lasting for weeks. The latter is most common in patients who have been troubled with too copious menstruation, who have borne many children, and who have indulged in the

pleasures of the table. In some cases, too, this discharge has a disagreeable odour.

IRREGULARITIES.—The following deviations from the normal discharge require medical and hygienic treatment:—A *sudden* arrest of the lochia; a too *prolonged* or *sanguineous* discharge; lochia having a *fætid odour*. The latter condition may lead to blood-poisoning. (See Section on “Puerperal Fever.”)

MEDICINAL TREATMENT.—*Acon.*, *Bell.*, *Bry.*, *Calc.-C.*, *Hydras.*, *Hyos.*, *Plat.*, *Puls.*, *Sabin.*, *Sec.*, *Sep.*, *Sulph.* .

INDICATIONS FOR THE PRINCIPAL REMEDIES:—

*Aconitum*.—*Too profuse bright-red* discharge, with quick pulse, scanty, hot urine, and for plethoric patients. If there is pain from slight pressure over the womb, a strong *Acon. lotion*, hot, should be applied over the seat of pain.

*Belladonna*.—Scanty discharge with *headache*, flushed face, and *confusion of ideas*; also when the lochia is fætid, and there are the above symptoms.

*Bryonia*.—Suppression of the lochia; intense headache, with fulness and heaviness; pain in the breasts; aching in the back; hot, red, and scanty urine.

*Hydrastis*.—Offensive lochia, with suppressed or scanty urine.

*Pulsatilla*.—Simple scanty discharge.

*Sabina*.—Similar symptoms to those described under *Aconitum*,—*minus* the febrile ones; also when the *red flow continues* after it ought to have changed colour.

*Secale*.—Very *offensive* dark discharge.

ACCESSORY MEANS.—In suppression of the lochia, flannels wrung out of hot water should be applied to the external parts, and frequently renewed, a second flannel being ready when the first is removed. Also, if necessary, injections into the vagina of warm infusion of Camomile

flowers. When the discharge is bright, or continues too long, the patient should retain the horizontal posture, be kept quiet, and fed with suitable diet.

PREVENTIVES.—After a confinement, ablution of the parts by means of a soft sponge and warm water (containing a little tincture of *Calendula*—a teaspoonful to the half-pint, for the first two or three washings), at least twice in every twenty-four hours, the parts being immediately but thoroughly dried, is essential for the health and comfort of the patient, and to prevent the discharge from becoming offensive. The napkins should be frequently changed, and always applied warm, as the application of cold might be followed by an arrest of the lochial discharge. There is no objection in ordinary cases to the patient's sitting up in the chair the day after delivery, while the bed is made. The daily use of the chair favours the discharge of putrid coagula; and carbolised injections may be employed to aid the evacuation. After the first day the patient may also wash herself, the exertion being helpful rather than otherwise. If the lochia be offensive, the chair should be used more frequently.

## 62.—PUERPERAL CONVULSIONS

Women are liable to convulsions of variable intensity and character before, during, and after labour; but, happily, the affection is one of very rare occurrence.

CAUSES.—The *predisposing* causes are hereditary tendency, an excitable temperament, or some previous injury or disease of the head, etc.; and among the *exciting* causes may be mentioned the irritation produced by a distended rectum or bladder, by the dilation of the orifice of the womb, or by the presence of the child in the maternal passages, etc.



SYMPTOMS.—An attack of convulsions may come on suddenly, without any premonitory warning, or it may be preceded by one or more of the following symptoms: Drowsiness, weight, beating, or pain in the head; heat in the scalp, flushing of the face, or redness of the eyes; numbness of the hands; twitching of the muscles of the face and limbs; irregular and slow pulse; ringing in the ears; vertigo; pain and oppression in the region of the heart; restlessness, anxiety, etc. The fully developed convulsions are characterised by unconsciousness; violent spasmodic movements of the muscles of the face, limbs, and trunk; swelling of the face; foaming at the mouth; grinding of the teeth; apparently suspended, or short, hurried respiration; involuntary action of the bladder and bowels; profuse cold, clammy sweat, etc. The convulsions may subside in from two to five minutes, leaving the patient in a state of comatose insensibility, or deep stertorous sleep, from which she may suddenly awake, quite unconscious of what has been the matter, in a quarter of an hour or twenty minutes. No further paroxysm may come on, and the patient may steadily progress towards complete convalescence. Frequently, however, the convulsions recur again and again at intervals varying from fifteen to thirty minutes, the patient never recovering consciousness from one fit to another.

The alarming character of the symptoms, and the serious nature of the disease, demand all the skill and coolness of the most accomplished physician to meet the requirements of each case, but pending his arrival much precious time may be saved by the intelligent attendant administering one of the following remedies, and carrying out the recommendations of the accessory treatment.

MEDICINAL TREATMENT.—*Acom.*, *Bell.*, *Chan.*, *Coff.*, *Hyos.*, *Ign.*, *Op.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—The presence of fever, with some premonitory symptoms, would be an indication for this medicine.

*Belladonna*.—This is the most useful and the most frequently indicated remedy, and the only one which need be administered in the majority of cases both during the convulsions and the intervals.

*Hyoscyamus*.—If there be much restlessness or anxiety, and a suspicion of approaching convulsions, *Hyoscyamus* may be given.

*Opium*.—May be required to remove the dulness and stupor which sometimes remain after the subsidence of the convulsions.

ADMINISTRATION.—For the premonitory symptoms, a dose every half-hour, or oftener. During the convulsions, every three or five minutes, the medicine being dropped between the lips or upon the tongue. After the convulsions, every half-hour, hour, or less frequently.

ACCESSORY MEANS.—The chamber should be moderately darkened, but freely supplied with cool and fresh air. Warm clothing should be applied to the feet and body, and cold lotions or ice to the head. If necessary, delivery should be accomplished by instrumental means, and the bladder and bowels emptied, but these are matters which must be left to the judgment of the medical attendant.

### 63.—MILK FEVER—PUERPERAL EPHEMERA

When the breasts are first called upon to perform this function, there is sometimes a little circulatory disturbance which is called the "Milk Fever." This is a normal process,

and ordinarily requires nothing but the early application of the child. In severe cases there is the speedy accession of more serious symptoms, which frequently run on into the formidable disease called Puerperal, or Childbed Fever. (See next Section.)

Usually *Milk Fever* is of short duration, consisting of one or two paroxysms, which occur a few days after childbirth, and attended with diminution of the milk and lochia, but with no *local* functional or structural disturbance.

It appears about a week after delivery, rarely sooner, sometimes later; prevails in low, humid, marshy districts where the population is sparse, or near stagnant ditches and pools; hence it is malarious in its character.

SYMPTOMS.—Chill, rigors, increased temperature and perspiration; pain in the head, back, and limbs. Pricking sensations in the breasts, which gradually swell and harden. The secretions of milk, urine, and lochia are suspended. The eyes are sunken; the fingers blue; the pulse is feeble and somewhat hurried.

When perspiration breaks out freely, the other secretions are re-established, the patient improves, and the fever passes away.

MEDICINAL TREATMENT.—*Acon.*, *Bell.*, *Bry.*, *China*, *Coff.*, *Phos.-Ac.*, *Rhus*, *Ver.-V.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum* may be safely had recourse to when much fever is present, especially at the commencement.

*Belladonna* should prove useful when, with swelling and pain of the breasts, there is some cerebral disturbance.

*Bryonia*.—On the subsidence of the febrile symptoms, should there be oppressed and laborious breathing, headache, and constipation.



*Phos.-Ac.*.—Should there remain profuse perspiration after the fever has abated.

*Pulsatilla.*.—This medicine is an excellent one for promoting the establishment of the secretion of milk, especially when the febrile symptoms are attended with considerable muscular rheumatic pains.

ACCESSORY MEANS.—The patient's chamber should be kept cool and well aired. All mental excitement or worry should be avoided. The diet should be light, such as gruel, arrowroot, barley-water, sago, etc., and taken in small quantities at a time. So long as the fever lasts the child should not be put to the breasts, but they should be drawn gently by the nurse, either with a breast-pump or otherwise, if full and uneasy.

#### 64.—PUERPERAL FEVER

This is a continued fever occurring in childbirth, sometimes following neglected Milk Fever, sometimes appearing as an independent affection. It is distinguished from Milk Fever in that it is usually attended with peritoneal inflammation, uterine phlebitis, or other local functional and structural disturbances. According to the best authorities, this fever is very fatal, Dr. Ferguson being of opinion that, "with all the resources which medicine at present offers, we shall find that one case in every three will die"; and that "to save two out of three may be termed good practice." When the disease proves fatal, death usually occurs in from one to eight days. The disease is infectious, and has often appeared as an epidemic, attacking any woman who happened to be confined at the time. It is, therefore, no small matter that we have in our *Materia Medica*—which, of course, Dr. Ferguson and his colleagues ignore—remedies

which, prescribed according to the law of *similars*, and given in the early stage, are often sufficient to *cure* this disease.

CAUSES.—Instrumental or difficult labour; fœtid lochia;<sup>1</sup> neglect of cleanliness; decomposing fragments of retained placenta; violent emotional disturbances; contagion, or personal transmission of the poison from one patient to another by doctors and nurses. Other animal poisons, as that from Erysipelas, Scarlatina, Typhus, and from the post-mortem or dissecting-room, are capable of exciting Puerperal Fever, as conveyed by the persons and dresses of the attendants of the patients, even after the exercise of great caution. The disease derives great importance, both from its extreme danger and its frightfully *contagious* character.

SYMPTOMS.—In *Puerperal Fever* there are rigors (*shivering fits*), followed by an increase of temperature (rising to  $105\cdot6^{\circ}$ ); more rapid pulse (ranging from 120 to 160); hurried, short respiration; distressing thirst; sometimes nausea and vomiting; and *distention, pain, and great tenderness* over the region of the womb, causing the patient to lie on her back, and draw up her knees to relieve the abdomen from muscular pressure, and from the weight of the bed-clothes; *suppression of the milk* (if it has been secreted at all); also suppressed, or scanty and *fœtid* lochial discharge; there are severe pains in the head, flushed

<sup>1</sup> M. D'Espine, in a thorough investigation of post-partem inflammations, came to the conclusion that blood-poisoning from *fœtid lochia* is the origin of Peritonitis, the so-called *Milk Fever*, and other inflammations and congestions liable to occur after accouchement. Febrile action in the first week after delivery almost always depends on absorption of lochia through slight abrasions or lacerations of the utero-vaginal canal. It may continue for some weeks, should the uterus not be firmly contracted, or should the lochia be fœtid. In the latter case ulcerations, through which absorption takes place, may almost always be found either on the cervix or in the vagina.

face, glistening eyes, anxious countenance, and sometimes delirium; and, unless the disease is checked, typhoid or malignant symptoms rapidly supervene. This fever commonly occurs within a few days after childbirth; and it is remarkable that in most cases the patient loses all interest in the infant, and even expresses dislike to it and the husband. Convalescence is often exceedingly slow.

MEDICINAL TREATMENT.—*Acon.*, *Ars.*, *Bapt.*, *Bell.*, *Bry.*, *Hyos.*, *Merc.*, *Op.*, *Phos.-Ac.*, *Rhus*, *Ver.-V.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—This remedy should be given as soon as the first indications of fever are noticed. It is usually sufficient in simple Milk Fever, and when there are no symptoms of brain disturbance.

*Baptisia*.—As the indications of fever become more marked this is preferable to *Acon.*; and when enteric symptoms supervene *Rhus* should supersede *Bell.*

*Belladonna*.—Congestive headache, flushed face, altered pupils, great restlessness, tossing about, mental distress, and other symptoms of *approaching delirium* or *severe disease*. If the lochial discharge is not entirely suppressed, but is *fætid*, this remedy is still very suitable. At the same time, *Acon.* should be continued in alternation with *Bell.*, and at brief intervals till professional aid can be obtained.

*Bryonia*.—Distended breasts, oppression, and shooting pains in the chest, etc.

It is not to be expected that a non-professional person will venture to undertake the treatment of such a grave disease as Puerperal Fever, but his intelligent employment of one of the above remedies until the arrival of a physician may be of material importance.

ADMINISTRATION.—A dose every half-hour, hour, or two hours, according to the violence of the symptoms.



ACCESSORY MEANS.—Frequent small draughts of cold water should be given; this relieves the thirst, and promotes perspiration. Barley, milk, or strong beef-tea between the doses of medicine will help to keep up the patient's strength; even stimulants may be required; brandy rather than chloroform. Hot water will relieve vomiting; but better still is a grain of *sulpho-carbolate of soda*<sup>1</sup> dissolved in half a glass of water; a teaspoonful every few hours. Perfect rest and quiet, with absence of all appearance of excitement or alarm in the attendant, are imperatively necessary.

<sup>1</sup> Dr. G. D. Beebe, of Chicago, says of *Sulpho-Carbolate of Soda*:—"During nearly two years I have administered this salt in many hundreds of cases of scarlet fever and diphtheria, as well as a reasonable number of cases of erysipelas and puerperal fever, both with a view to the prevention of epidemic contagion and in the treatment of these forms of diseases. The *Sulpho-Carbolate of Soda* is readily soluble, and very diffusive when brought within reach of the absorbents. It is odourless, and a taste differing but little from soda. By its administration the blood and tissues of the human body may be thoroughly disinfected without exciting any toxic effects of the drug. Administered to children breathing an atmosphere loaded with scarlet fever or diphtheritic contagion, it acts as an absolute preventive, with exceptions so rare, and with symptoms so light when any appear, that one is forced to believe that the fault was rather in an efficient dose than in the agent. Given when either of these diseases has developed an attack, within a few hours the activity of the disease has ceased, and the remaining symptoms soon fade out into health. Administered to a case of puerperal fever, when one septicæmic chill follows another, with the hot, drenching sweat between, and if not too late in the history of the case, the patient may be assured that not more than one chill will follow its first administration, and the high temperature and icterode hue of the skin will disappear with the most gratifying promptness. No less gratifying is the action of this substance when administered in erysipelas. The rapidly spreading inflammation of the skin stops short, and convalescence begins. The constancy with which these results follow the administration of this admirable antiseptic constitutes a demonstration on the septic character of the disease wellnigh as convincing as the recognition of the parasite under the microscope; and coming, as we do through those clinical observations by a different route, to the same conclusions reached by Pasteur and his co-labourers, the conclusions are both gratifying and suggestive."

Occasional sponging of the body with tepid water is soothing, and if there is much abdominal distention and tenderness, a dry heated bran-poultice, in a bag, is the best local application. Repeated fomentations and lavements of the vagina are valuable; indeed, if the parts were sponged with hot water three or four times a day there would be fewer cases of this fever. The napkins should be frequently examined, and all foul discharge effectually cleansed away, and the room disinfected with *Carbolic acid*. Indeed, when the discharges are offensive, it is well to inject up the vagina some warm water, to which a few drops of *Carbolic acid* have been added; or, as a more agreeable preparation, *Chlorate of potash*, grs. xij, water ʒj; a dessert-spoonful of this to a teacupful of warm water for injection, or to be applied by wetting compresses with the mixture. Dr. Macleod, of Ben Rhydding, states that he saved his own wife from a fatal termination of Puerperal Fever, after the physicians had expressed the opinion that she could not recover, by the injection of three drachms of Condyl's fluid in a wash-hand-basinful of water at 64°; followed by a similar operation on the following day with two drachms of the fluid. The temperature of the room should be maintained at about 68°, the ventilation thorough. The nursing of the child should be discontinued with the first active symptoms of fever.

#### 65.—PUERPERAL MANIA (*Mania Puerperarum*)

Gestation, the lying-in period, and nursing, are occasionally complicated by mental derangement, either of a quiet melancholy character, or of a more acute and violent description. The latter is more liable to occur during or immediately after labour, while melancholia, less dangerous

to life, but more frequently followed by derangement of the mental faculties, more commonly occurs when the system is drained and exhausted by childbearing, or prolonged suckling.

SYMPTOMS.—The symptoms of *melancholy-mania* are generally preceded by signs of exhaustion. There is also an incipient stage, the mind being wrong, but still able to notice its wandering tendency. The memory becomes weak, the spirits depressed, and various fancies haunt the brain. The patient is abstracted, listless, and silent. A conviction of her husband's infidelity, or of her own, coupled with agonising remorse and contrition, is one of the most common and painful delusions to which this class of patients is a prey; and in numerous instances attempts at suicide result.

*Acute mania* appears while the patient is sustaining the effects of labour, and occurs suddenly and violently. The face may be pale, and the pulse soft and slow. The manner is agitated and excited, the tongue utters violent and often obscene language, and there is generally a tendency to suicide or child-murder. The bowels are constipated; the tongue thickly furred; the secretion of urine and milk nearly arrested, and the skin harsh and dry. There may be either disturbed sleep, or sleeplessness; also a persistent refusal to take food.

CAUSES.—This affection scarcely ever occurs except where there is *hereditary tendency*. The exciting causes are labour, flooding, suppression of the lochia, fright, weakness as a result of prolonged nursing, jaundice, or other disease.

MEDICINAL TREATMENT.—*Ars.*, *Aur.*, *Bell.*, *Cann.-I.*, *Chin.*, *Cim.*, *Hyos.*, *Ign.*, *Plat.*, *Puls.*, *Stram.*, *Ver.-A.*, *Ver.-V.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Belladonna*.—Violent delirium from sudden lochial



suppression. Staring eyes, hot skin, suppressed urine, etc.

*Cannabis Indica*.—Catalepsy; imagines she is the Queen or the Virgin Mary, etc.

*China*.—Mania following *prolonged lactation*, or *flooding*; recurrent headache.

*Hyoscyamus*.—*Jealousy*; fits of violence, alternating with moroseness, restlessness in sleep, etc.

*Ignatia*.—Persistent *silent melancholy*; tearfulness; obstinacy.

*Stramonium*.—Violent rage, with constant use of abusive language.

*Veratrum Album*.—Great anguish of mind, and self-condemnation.

ACCESSORY MEANS.—The patient should be placed under the care of a firm, but humane and experienced nurse, who can be with her night and day; and unless the symptoms are soon amenable to the remedies, the patient should be separated from her family. The diet should be digestible and nourishing, including beef-tea, eggs, milk-and-soda-water; and when there is great prostration, brandy or wine. The food should be given regularly, at short intervals. In acute mania a wet-pack or a hot bath is very advantageous.

THE INFANT.—If the child is yet unborn, the process of nature cannot be interfered with to any advantage. In Acute Mania, the infant may be allowed the breast again as soon as the symptoms have well subsided. In Melancholia, weaning is at once imperative.

## 66.—RETENTION OF URINE AFTER LABOUR

Retention of urine is not infrequent after parturition, especially after severe and tedious labour. For the treatment the reader is referred to Section 48, p. 168.

ACCESSORY MEANS.—The patient should pass water within about eight or twelve hours after delivery, or earlier if necessary; she should do this while in a *horizontal posture*, to prevent flooding, or other serious consequences which might arise from the effort of sitting up to do so. It may be worth while to add, that the *pot-de-chambre* used by the lying-in patient should be warmed, or the rim protected with flannel. Should there be a kind of paralytic inability to pass urine, the following simple method may be adopted: Let the nurse pass water in the patient's room, so that she may hear the urine as it passes into the vessel; the sound of the falling stream seems to arouse the dormant nerves of the urinary tract, and their function will generally be quickly restored. Another plan is to apply a cloth wrung out of hot water to the parts, which often removes the difficulty. Should, however, the inability continue, the medical attendant should be informed of the existing retention, so that if necessary he may draw off the urine by means of a catheter,—a measure unattended with pain or exposure. Under any circumstances, the medical attendant should be made acquainted with the actual state of the patient.

#### 67.—CONSTIPATION AFTER LABOUR

It is a natural condition for the bowels to remain unmoved for a few days after delivery. It gives rest to the womb, and to the parts in the neighbourhood of the bowel. Instead of injuring, it conserves the strength of the patient, and should on no account be interfered with. In four or five days, however, if the patient has had no evacuation and complains of pain in the bowels, of fulness in the head, one of the following remedies or measures may be adopted.

TREATMENT.—*Bryonia*.—Pain in the bowels, fulness in the head, etc. Two or three doses, at intervals of three or four hours.

*Nux Vomica* and *Sulphur* may be given afterwards, if necessary, every four hours, in alternation, for several times.

*Collin.*, *Lyc.*, *Op.*, or *Plumb.* may be required. (See p. 160.)

ACCESSORY MEANS.—The moderate use of plain, unstimulating solid food, at suitable intervals after confinement, will furnish the proper impulse to the intestinal canal, and thus be more likely to facilitate an evacuation than the exclusive use of liquids. When the action of the bowels is arrested by a collection of hardened fæces in the rectum, an enema of chilled water, or of soap-suds, will almost uniformly suffice to afford complete relief.

*Castor-oil*, *aperient pills*, etc., are not required. The Author has attended many ladies in their confinements who had previously been under the care of allopathic medical men, and who have assured him that their bowels were never relieved after confinement till *Castor-oil* had been taken; but he has not, either in these or other cases, ever found it necessary to have recourse to any aperient drug. Good management, suitable diet, and, if the symptoms justified it, the occasional administration of a homœopathic remedy, have in his hands been invariably successful.

#### 68.—DIARRHŒA AFTER LABOUR

This is a much more serious condition than the former, especially if it occurs in the summer or autumn, or when bowel affections are prevailing. An *involuntary* diarrhœa is especially unfavourable, and should receive prompt and careful attention.



MEDICINAL TREATMENT.—*Ant.-C.*, *Ars.*, *Chin.*, *Iris*, *Merc.*, *Phos.-Ac.*, *Puls.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Antimonium Crud.*—Thin, watery, offensive discharges, with *marked gastric symptoms*, clammy or bitter state of the mouth, white-coated tongue, nausea, heavings, etc.

*China.*—With debility, especially when there has been previous relaxation, *loss of blood*, profuse lochia, etc.

*Iris.*—Is especially of value in the Diarrhœa which prevails in summer and autumn. The motions are loose, copious, and frequent.

*Phosphoric Acid.*—Obstinate cases, the evacuations being watery, painless, and *almost involuntary*; also tenesmus, or protrusion of hæmorrhoidal tumours, etc.

*Pulsatilla.*—Diarrhœa from the use of too *rich, fat food, pastry*, or other errors of diet.

ACCESSORY MEANS.—Quietude, in a recumbent posture, light, digestible food, cool or cold, in small quantities. See also “Diarrhœa,” in the chapter on the Disorders of Pregnancy.

## 69.—CAUSES OF A BAD GETTING-UP AFTER LABOUR

It is no uncommon thing for a patient otherwise healthy to have “a bad getting-up after labour”—that is, to be a longer time than usual in recovering the general condition, which in some cases is not attained for years. There is general debility, manifesting itself in various ways, notwithstanding a fair amount of rest, food, and stimulants; inability to stand or walk a few steps without feeling ready to drop; bearing-down and discomfort in the pelvis; abundant vaginal discharge, perhaps bloody or mucopurulent, which continues three or four weeks after the

birth of the child, and when the lochia ought to have ceased. The most frequent causes are, enlargement, prolapse or displacement of the womb, from taking the erect posture and resuming domestic duties too soon after confinement or Abortion; defective uterine involution, which is the main cause of the displacements that so frequently follow parturition, and the first step to many uterine affections (see next Section), ulceration or bruising of the uterus or its orifices by a severe or protracted labour, or from too violent removal of the placenta; inflammation of the womb, and a typhoid condition due to resorption of a portion of the placenta which is allowed to remain and decompose in the womb. The administration of *purgatives* and opiates is also a cause of a bad getting-up after labour.

The old practice of starvation during the first few days after delivery is another cause. When, therefore, at the end of four or five weeks after parturition, notwithstanding fair nursing, good food, and stimulants if necessary, the patient continues weak, unable to walk, and suffers from backache, and red, mattery, or fœtid discharge, professional advice should be sought, as grave consequences may result from neglect. A physical examination is generally necessary to discover the true source of the mischief. The wife should sleep away from her husband. A cold water abdominal bandage, tightly applied, will prove palliative. See “Puerperal Fever,” “The Lochia,” etc.

#### 70.—INVOLUTION AND SUBINVOLUTION OF THE WOMB

DEFINITION.—*Involution* is that contractive change which takes place in the womb after the removal of the fœtus

by abortion or delivery, by which it resumes its ordinary size and attains to its usual compactness of tissue.

*Subinvolution* is the arrest or retardation of that change; so that the womb remains enlarged and heavy, causing considerable distress and suffering.

**PATHOLOGY.**—The virgin womb is about a couple of inches in length and about an ounce in weight. During pregnancy, and according to the growth of the child, it becomes developed in size and increased in weight. Immediately before the expulsion of a full-grown child, the womb is about fourteen inches long, and weighs at least twenty-five ounces. Immediately after the expulsion, the size and weight are very considerably reduced; the size is less than half what it was before, and the weight is similarly diminished. This change is effected by the contraction of the muscular fibres of the uterus, which begins directly after the termination of the labour, which checks the supply, and arrests the circulation, of blood through the organ. With more or less pain the contraction still steadily proceeds. Meanwhile fatty degeneration and disintegration of tissue, and absorption, aid in the restoration of the organ to its normal state. This, if the process goes on with regularity and without interruption, will be attained in the course of five or six weeks, when the compactness of tissue will be regained, and the uterus will measure about three inches in length, and weigh about two ounces. This wonderful contractive and absorptive change is termed involution; if it be incomplete the womb is said to be in a state of imperfect involution, or subinvolution.

**CAUSES.**—It may readily be supposed that this process is subject to very easy arrest, and that this arrest may be induced by a variety of causes. A very common cause is the *debility* of the patient, whose weakness is so great



that the uterine contractions are not sufficiently prompt, powerful, and continuous to check the increased supply of blood to the organ when it is no longer required, and thus to lessen the nutrition which was very necessary before the child was born, but causes hypertrophy when the womb is empty. Another very common cause is the too *early resumption of ordinary employments*. Even vigorous, healthy, muscular women, who feel quite well, and somewhat resent the necessity for retaining the recumbent posture, often "get about" too soon. The change of the muscular structure of the womb plainly indicates that rest in bed should be taken for at least a fortnight, and that for several weeks after that there should be frequent recumbency, and a very careful return to active exercise. There is some little danger in the present day, when there is such desire and call for activity, lest in abandoning some of the old-fashioned stifling and weakening customs of a "confinement," the physical necessity for lying down should be ignored. In dispensary practice, where the patients are drawn from the poorer class, who, without attendance and with the claims of a family, are unable or unwilling to submit to restraint after confinement, by far the commonest form of uterine disease is subinvolution of the uterus, with its attendant evils of displacement, and chronic catarrhal conditions of the mucous membrane. Other causes of the evil are inflammation within the pelvis, in any of its varieties; too early return to marital intercourse, and too frequent sexual indulgence, whereby the womb and its appendages are too soon and too much excited. It should also be observed that if the process of involution be arrested, the return of the menses will have a tendency to confirm the arrest, and by the monthly congestion, causing increase of size and weight, to produce permanent enlargement.

There is one error which we are here solicitous to correct, namely, the supposition that it is not so necessary to retain the recumbent posture after abortion as after delivery at full term. Now, involution is as natural and necessary a process in the one case as in the other; and subinvolution may follow abortion, even in the early months of pregnancy, as well as at full term; indeed, it is thought to be much more likely to occur in the former case than in the latter. This is probably because the womb has not reached the normal condition which provides for the contraction of its muscular fibres.

**SYMPTOMS.**—A feeling of weight, with more or less bearing-down of the womb, and a tendency to excessive and too frequent menstruation, the severity of the symptoms being in proportion to the extent of the enlargement. But the excessive menstruation is the most troublesome, distressing, and alarming effect and symptom of subinvolution. This is explained by the fact that the relaxed state of the muscular tissue favours the exudation of blood, and that there is an undue amount of blood in the congested uterine veins. The profuse flow is not always immediate, even months may elapse before it occurs; but after a while it is experienced, and examination proves that there is enlargement of the uterus due to subinvolution. In the intervals between the periods there is frequently profuse Leucorrhœa; and other attendant symptoms are, debility, great pain in the back, irritability of the bladder, straining, and tenesmus. Granular ulceration of the *os* and *cervix uteri* may also accompany subinvolution.

**MEDICINAL TREATMENT.**—*Caulophyllum*.— This remedy is often of great value in subinvolution; it brings on regular uterine contractions, which are followed by great diminution of the womb; it also checks flooding and other consequences

of subinvolution. The *lx tinct.* is recommended, two drops thrice daily for ten to fourteen days, or longer if necessary.

*Kali, Hydriod., Sep., Liq.-Sod.-Chlor., Calc.-C., Sulph.,* or other remedy specially suited to particular cases, may be necessary.

ACCESSORY MEANS.—The various causes that have been in operation to produce the condition, as already enumerated, must be avoided. *Rest*, in the recumbent posture, is indispensable. Temporary separation from the husband's bed generally leads to great improvement, and if combined with other measures, and continued long enough, may lead to complete restoration. In many cases the health of both husband and wife needs careful supervision. See also the preceding Section, and that on "Profuse Menstruation."

#### 71.—THE NEW-BORN INFANT

*The weight of the new-born infant* varies from  $6\frac{1}{2}$  to 9 pounds. Boys weigh a little more than girls, and the infants of women who have already borne children also generally weigh a little more than first infants. Other circumstances influencing the weight are the height of the parents, their constitution, and the accidents of pregnancy. Feeble and lymphatic women, suffering from Anæmia or Chlorosis, and marrying delicate and spare men, have children which do not weigh more than  $4\frac{1}{2}$  to 7 pounds. Strong and vigorous subjects may, on the other hand, give birth to very heavy infants, causing difficult labour. Frequent and abundant vomitings in pregnancy may give rise to great diminution in the weight of the infant; thus a woman of habitual good health, who suffered much from this cause, produced a child weighing only  $5\frac{1}{2}$  pounds. Scrofula and Syphilis also



may reduce the weight; the latter especially, if it does not cause the death of the infant at an early period. Hæmorrhage occurring during pregnancy, when not very considerable or frequent, does not exert any appreciable influence on the weight; but when it is very abundant, the infant may lose two or three pounds.

New-born infants, with few exceptions, lose weight during the first days of their existence. But in general after the third day the weight again increases until it rapidly recovers the original amount. Loss of weight may be occasioned by debility at birth in children who are born prematurely or so small that they have not the strength to drink or suck; or by Jaundice, which is so common in infants, and which impedes nutrition. The various forms of accidental infantile disease, by retarding the progress of nutrition and assimilation, may also give rise to loss of weight, which, if prolonged, may endanger life. To these causes may be added imperfect lactation, due either to the bad quality of the milk or ill-formed nipples. The infant does not get enough milk, and sleeps at the breast instead of sucking; and if it is not weighed before and after suckling, it may be thought to have sucked, while it has really taken little or nothing, and may perish of inanition.

After the infant has passed the period of the early degrees of weight, its increase should be progressive, and where this is not so the nurse should be changed. As long as the child sucks vigorously without sleeping at the breasts, and increases daily during the first seven months, the nursing is satisfactory. If it loses weight, or remains stationary, a change is called for. This can only be determined accurately by a weekly weighing. In case of illness of the mother or nurse, when this is only slight and temporary there is no need of interference; but when it is prolonged, and of a

nature to affect the milk, change is necessary. Whenever such a change has been determined upon, if a wet-nurse be employed, the latter should not be informed of the intended change until the moment when the new one is ready to take her place; and after receiving the intimation she should not be permitted to nurse the child.

## CHAPTER X

### LACTATION

#### 72.—THE FUNCTION OF THE BREASTS

THE doctrine cannot be too strongly enforced that every healthy mother should nurse her own offspring. The reasons for this may be inferred from the constitution of the female organisation, and from the fact that no preparation of food can ever form any but an approximation to the mother's milk. After the birth of the child nature continues to secrete an excess of nutrient matter; but this excess is transferred from the uterine system to the breasts, where it is secreted in the form of milk for the nourishment of the young offspring. Eighteen months is the usual period during which the child should be supported by the mother,—nine months previous to birth, and about nine months after. The female organs are so arranged that in carrying on the functions of reproduction one portion relieves the other. During gestation the breasts enjoy comparative repose, the development and growth of the infant devolving upon the uterus. After birth this responsibility is transferred to the breasts, the uterus resting for a time from the process of utero-gestation.

Many ladies seek for professional sanction to wean their infants after a few weeks' nursing, and some even to shirk the duty entirely. The demands made by the toilet, the pleasures of the table, fashionable society, late hours, or other forms of dissipation, render nursing inconvenient and distasteful.



The disposition to evade this great natural duty should be strenuously opposed, for non-nursing deprives a mother of one of the most pleasurable and soothing duties of maternity, and it robs the infant of its inalienable right to breast-milk, laden with all the riches of its mother's affection, while exposing it to the dangers of artificial substitutes.

**Care of the  
Breasts**

Much inconvenience and suffering may be obviated by paying proper attention to the breasts during pregnancy. For two or three of the last months they should be specially bathed with cold water every morning, and left perfectly dry. If the breasts are painful, hard, and much distended, two thicknesses of old linen, wrung out of cold water, may be placed over them, and covered with oiled silk. A kind of sling should then be formed by means of a handkerchief or band secured at the back of the neck, and so arranged as to support the breast. Only a sparing quantity of fluids should be permitted.

### 73.—DIET FOR THE NURSING MOTHER

A woman does not require *extra* good living when nursing, but discrimination in the selection of her food is necessary; still she should feed well. If she eats slowly, she may eat sufficient to satisfy hunger, but it is important that she should not overload the stomach, or partake of indigestible food, which would occasion intestinal derangement, to the injury of the infant as well as herself. The meal hours should be regular, and late dinners or suppers avoided.

To prove that the kind of food taken by the mother powerfully influences the quality of the breast-milk, it is only necessary to cite the well-known fact that the quality of cow's milk is mainly determined by the food on which

the animal lives. Thus, a cow fed on swedes produces milk and butter having the flavour of turnips; showing that the milk partakes of the qualities of the food on which she feeds. The same holds good in regard to the human species, and proves the impropriety of a nursing mother being allowed to eat anything unwholesome or indigestible.

Experience has taught mothers that if they eat anything acid, and partake freely of fruits and vegetables, the milk brings on colic in the infant and causes diarrhoea. Mothers who nurse their infants must therefore often practise self-denial in eating and drinking for the sake of their offspring.

It is not intended to suggest by these remarks that a nursing woman should be excessively particular as to her food. Animal food, varied from day to day—beef, mutton, chicken, game, and fish, and any kind of vegetables that has not been found to disagree with herself or her infant, may be eaten, but such kinds of meat as goose, duck, salted beef, shell-fish, rich or highly seasoned dishes, pastry, etc., should not be taken. Greens, cabbage, fruit, and any other articles of food which the mother has found to disagree with herself or child, must also be avoided. Milk-and-water, barley-water, toast-and-water, or even cold water, in small sips, is the best to appease the *thirst* to which the nursing mother is sometimes subject; but beer or wine tends rather to increase thirst.

**Violent  
Exercise  
and Mental  
Depression  
Deteriorate  
the Milk**

Women who are nursing are liable to *fits of depression*. The best remedy is a short, pleasant walk, or a drive in the country. Healthy exercise in the fresh air admirably promotes cheerfulness and serenity of spirits.

On no account should wine or stimulants be resorted to, for they only raise the spirits for a short time, and cause increased subsequent depression, to remove

which fresh and augmented supplies of stimulants would be required. The society of cheerful friends is often a useful stimulus; but visiting must be done within prudent limits, or it will weary and harass the mother, and diminish or deteriorate the supply of breast-milk.

**Regimen of Wet-Nurses**      The regimen and diet of wet-nurses should be as nearly as possible like those she has been previously accustomed to. A woman accustomed to active duties and frugal diet is certain to suffer in her health if she suddenly relapses into a life of indoor idleness, and has a too abundant supply of food, and takes such beverages as ale, stout, or wine. A wet-nurse taken from industrial pursuits should continue to perform at least light duties, or take a large amount of regular out-of-door exercise. The use of stimulants is injurious, and if taken to cause a good supply of milk will result in disappointment, and bring on indigestion and a host of evils from which the infant is sure to suffer. If the child does not steadily grow and increase in weight the nurse should be changed. (See Section 71.)

If there be a choice of nurses of otherwise equal capacity, preference may be given to one of dark complexion, for it has been found that the milk of the *brunette* is richer in each of the organic constituents than that of the *blonde*.

In the interest of healthy women employed as wet-nurses, we state here that a syphilitic infant ought not to be nourished from their breasts. The nurse who suckles such a child incurs enormous risk; for many an unsuspecting woman has acquired syphilis from her nursling. Artificial lactation, if properly carried out, may, in such a case, be an excellent substitute for the breast.



74.—STATED HOURS FOR NURSING

A habit very generally prevails, on the part of the mother, of giving the infant the breast too frequently; a habit prejudicial alike to the mother and the child. It may be laid down as a rule, that for the first month the infant should be suckled about every two hours and a half during the day, and every four hours during the night; the intervals should be gradually lengthened until about the third month, when it should have the breast only every three or four hours during the day, and about every sixth hour at night. Even during the earliest period of infancy a child will acquire regular habits in this respect, by judicious management on the part of the mother. By giving the breast only at regular stated times, the mother will be able to obtain proper rest and hours of uninterrupted sleep, which can scarcely be enjoyed by those who have fallen into the bad habit of permitting the infant to be at the breast during a considerable part of every night, or of offering it to the child whenever it cries or manifests any uneasiness.

75.—DEPRESSED AND SORE NIPPLES

**Depressed Nipples**      During the first pregnancy an examination should be made either by the medical attendant or a skilful nurse to ascertain whether the nipples are of the proper size and shape, for in many instances they are deficient, or have been so thoroughly compressed by tight clothes, that, after confinement, nipples can hardly be said to exist.

**TREATMENT.**—A very simple and efficient measure to elongate the nipple is to tie a piece of woollen thread or

yarn two or three times around its base, after having pulled it gently out with the fingers. It should be tied sufficiently tight to keep the nipple prominent, but not enough to interrupt the circulation. The woollen threads may be worn several weeks without inconvenience. The daily application of the pump to the breast, taking the nipple within its chamber, and exhausting the air by withdrawing the piston, elongates the nipple. The nipple should be retained within the chamber for about fifteen minutes each time. After the use of the pump an application of arnicated water, or of diluted glycerine, should be made to the nipple and surrounding part, to prevent excoriations. The same result may be secured by suction, twice a day, by the husband or nurse. An imperfectly developed nipple may be much improved by this method, if intelligently carried out. The measures adopted to elongate the nipple should be commenced two or three months before labour, and if necessary continued, in a modified form, during the commencement of lactation.

#### Sore Nipples

In some cases, if the preparatory treatment just suggested be adopted, sore nipples will be prevented. But where there is a tendency to excoriation and soreness, and in women of fine sensitive skin, the nipples and the breasts around should be bathed several times daily with a lotion made by adding twenty drops of the tincture of *Arnica*<sup>1</sup> to a tumbler of water. We can testify to the entire success of this application in a very large number of cases we have treated. The lotion should be applied after each time of suckling, and *the nipple moistened with saliva or mucilage before*

<sup>1</sup> If there is a predisposition to Erysipelas in the patient, *Hamamelis* lotion will be preferable, and may be applied in the same manner.

again allowing the child to suck. Another local remedy for sore nipples is *Glycerole of Ver.-Vir.*—5 drops of *Ver.-Vir.* to ℥ij of *Glycerine*.

In obstinate cases, in which the complaint appears to be owing to constitutional causes, one of the following remedies is often required:—*Calc.*, *Merc.*, *Graph.*, *Lyco.*, *Silic.*, or *Sulph.* *Silic.* is especially recommended for *retracted* nipples.

**Painful  
Nipples**

*Phellandrium.*—Pain felt in the nipple after each application of the child.

*Croton Tig.*—Neuralgic pain shooting through from the point of the nipple to the shoulder-blade.

ACCESSORY AND PREVENTIVE MEANS.—Small compresses, wrung out of *cold* water, are very useful, especially if the nipples are sore, hot, and burning. In order to prevent sore nipples, they should be washed over gently with tepid water immediately after the child has been nursed, tenderly dried by means of soft linen, or a fine towel, and then dusted with superfine wheat-flour, or finely powdered starch. As before recommended, the entire breast should receive daily morning ablution, with water,—cold, if the patient can bear it, but if not, tepid may be used for several times, gradually reducing it to cold. The infant should only be allowed to suck at certain periods—say every third or fourth hour, as previously directed. The habit of permitting the infant to have the nipple almost constantly in the mouth very frequently leads to tenderness and soreness. The child's mouth should be examined, and if found to be suffering from *Thrush*, the treatment recommended in the Manual on the *Diseases of Infants and Children* should be at once adopted. In the meantime the nipple should be washed with a solution of *Borax* (x grains to an ounce of water).



## 76.—SORE MOUTH OF NURSING MOTHERS

This is an affection from which nursing women occasionally suffer. It consists of inflammation of the lining of the mouth, which is covered with very small ulcers; these cause stinging and burning sensations, and a cheese-like matter exudes from them. A profuse flow of saliva is also frequently present. The predisposing cause is the scrofulous cachexia. Now and then it proves an intractable disorder.

MEDICINAL TREATMENT.—*Ars.*, *Borax*, *Calc.-C.*, *Eup.-A.*, *Hydrastis*, *Merc.*, *Mur.-Ac.*, *Nit.-Ac.*, *Sulph.-Ac.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Arsenicum*. — If ulceration becomes extensive, and there be burning pain in the mouth, with red glazed tongue.

*Borax*.—Is an excellent remedy in the early stage of the malady.

*Mercurius*.—Corroding ulcers with swollen gums, fœtid breath, and profuse flow of saliva.

*Nitric Acid*.—On the failure of *Mercurius* this remedy should be had recourse to.

LOCAL TREATMENT.—*Borax* (x grains to ox.j water), *Carbolic Acid* (ʒss to ʒiiss olive oil), *Hydrastis* (iij grains to ʒiij water), *Calendula* (ʒj to ʒiv water), are the various kinds of gargles and washes that have been found most useful as palliatives while the medicines are affecting the necessary blood-changes.

ACCESSORY MEASURES.—Acidulated drinks—lemonade, etc.—are very valuable. Vegetable and animal food in due proportion, with wholesome ripe fruits, oranges, grapes, roasted apples, etc. Fruits containing vegetable acids are often alone curative, and are usually very grateful to

patients. Weaning, travel, change of climate, etc., may be necessary in exceptional cases.

### 77.—DETERIORATED MILK

If the various suggestions we have offered in this Manual are faithfully carried out, there will seldom be cause for complaint of bad milk.

METHODS OF INVESTIGATING THE MILK.—As a ready method of judging of the quantity and quality of the milk, an inspection of the breasts of the mother or nurse should be made. The breasts should be firm and pear-shaped, and covered with blue veins. Pressure on the gland should excite the flow of milk, which should be opaque, of a dull white colour, and under the microscope present fat globules of a fair size. The number of these globules is indicative of the amount of caseine and sugar present in the milk. On a piece of glass a drop of good milk maintains its globular form, and does not readily run off the glass. Poor milk, deprived of its solids, lacks these qualities, and runs off on the least inclination of the glass. Obviously, however, the most satisfactory test of the excellency of the milk is furnished by observation of the child. If he sucks vigorously, finishing with the milk running over his lips, and requires a meal but three or four times in the day, we may conclude that the milk is sufficient in quantity. But if he frequently desires the breast, sucks with effort or spasmodically, now and then desisting and crying, the milk may be considered insufficient. As a further test of the quantity of the milk the infant may be weighed immediately before and after a meal; the difference in the weight should be three or four ounces.

SYMPTOMS.—Vomiting after each act of sucking, or

refusing to suck, generally indicates bad milk. When the milk is deprived of its due proportion of solids and becomes watery, it fails to afford the requisite nourishment; on the other hand, if the solids are in excess, it gives rise to indigestion.

CAUSES.—*Acute and chronic diseases* in a nursing mother tend, in various ways, to impair the quality of her milk. Nursing during either of the *extremes of age* yields generally only innutritious milk. *Menstruation*, and also *pregnancy*, deteriorate the milk supply; and although occasionally children nursed under these conditions may *appear* not to suffer, it is obvious that the active functions of the breasts and of the womb cannot go on healthily at the same time. *Emotional disturbance* and *violent exercise* exert great influence on the milk secreted; and if children are nursed immediately, extreme convulsions, and even fatal results, may follow. The effects of diet on the milk of nursing ladies have already been referred to.

MEDICINAL TREATMENT.—*Acon.*, *Calc.-C.*, *Cham.*, *Ign.*, *Nux V.*, *Puls.*, *Sil.*, *Sulph.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—The presence of any febrile symptoms would indicate the employment of this remedy.

*Calc.-C.*—Thin, watery condition of milk; delicate constitution.

*Nux Vomica*.—When the deterioration can be traced to the use of alcohol; in cases of the *Nux* temperament.

*Pulsatilla*.—Alcoholic cases of the *Pulsatilla* temperament.

ACCESSORY MEASURES.—Every means should be adopted to improve the patient's health by suitable food and abundance of pure air, and by placing her beyond the reach of household and other cares and anxieties.



78.—INSUFFICIENT SUPPLY OF MILK<sup>1</sup>

CAUSES.—The quantity of milk varies greatly in different women, but when it is insufficient for the nourishment of the child, the cause may be traced to imperfection in the mother's health, and measures should, if possible, be adopted to correct this, so that after a subsequent labour she may be able to furnish the infant with sufficient milk.

MEDICINAL TREATMENT.—*Agnus Castus*, *Asafoetida*, and *China* are more or less efficacious in increasing the supply of milk, the first two medicines when the cause of the deficiency is undiscovered, the last when the deficiency is the result of hæmorrhage, diarrhœa, leucorrhœa, etc.

The external application of the castor-oil plant (*Ricinus Communis*) has been used by some physicians with great success. A strong decoction is applied hot by means of soft rags, and retained until the milk is secreted copiously.

ACCESSORY MEANS.—Warmth always favours the secretion of milk. The *diet* is important, and should be nutritious and digestible. Good cocoa is very useful, improving the quality and increasing the quantity of the mother's milk,

<sup>1</sup> In an interesting paper on "The Modifications which Human Milk undergoes in Consequence of Insufficient Food," read before the Académie des Sciences by M. Decaisne, he remarked that most of the observations that have hitherto been published upon this subject have been made on animals, but the siege of Paris furnished him with the opportunity of examining it in women. Upon an examination of the milk of forty-three suckling women living upon insufficient food, he concluded as follows:—1. The effects as observed in women are very analogous to those produced in animals. 2. They vary according to constitution, age, hygienic conditions, etc. 3. Insufficient alimentation always induces, in varying proportions, a diminution in the amount of butter, caseine, sugar, and salts, while it generally increases that of the albumen. 4. In three-fourths of the cases the proportion of albumen was found to be in an inverse ratio to that of the caseine. 5. The modifications in the composition of the milk by means of a reparative alimentation are always manifested in a remarkable manner in four or five days.

and we have known it to succeed after other means had failed. During the whole period of nursing this nourishing beverage will be found highly conducive to the health of both mother and child. When the quantity of milk cannot be increased to meet the requirements of the child, *mixed nursing* must be adopted according to the directions given in the Section on hand-feeding. It is important that the mother should suckle her baby during the day, and have it fed by the bottle at night. This arrangement permits the mother to enjoy a good night's sleep, which in itself favours the secretion of milk.

### 79.—SUPPRESSED MILK

CAUSES.—Exposure to cold, powerful emotions of the mind, or any circumstance which causes febrile symptoms.

MEDICINAL TREATMENT—*Acon.*, *Bry.*, *Calc.-C.*, *Cham.*, *Coff.*, *Puls.*, *Zinc.-M.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—In all cases attended with feverish symptoms, especially if from cold.

*Bryonia*.—Is useful where there are stitching pains in the chest or side.

*Chamomilla*.—If the suppression has arisen from a sudden mental emotion, particularly anger.

*Coffea*.—Where there is unusual restlessness or sleeplessness.

*Pulsatilla*.—Partial or entire suppression, without febrile symptoms. This remedy exerts a healthy influence over the constitution in almost every departure from the normal course during the whole period of nursing.

ACCESSORY MEANS.—When the distention and irritation have been relieved by medicine, the milk which has been

arrested will generally flow quite freely. Should the discharge continue imperfect, the breast-pump may be used, or, which is better, a *strong* child may be applied.

METHOD FOR PROMOTING THE FLOW OF MILK.—In all cases where the flow of milk is tardy, the following plan for accelerating it will be found to be available and safe: Take a decanter and fill it with boiling water; when it is thoroughly hot, suddenly empty it, and place it on the breast, with the nipple *in the neck of the bottle*. The gradual cooling of the decanter will create a vacuum; the nipple will be gently pressed into it without pain, and the atmospheric pressure on the breast will, in almost every instance, cause the milk immediately to flow. The experiment may safely be repeated after a short interval if it does not happen to be successful at first. Care must be taken to protect the breast, by covering the mouth of the decanter with leather or thick flannel. A hole made in the centre of this will keep the nipple in its proper place.

## 80.—EXCESSIVE SECRETION OF MILK

Occasionally the secretion of milk may be so abundant and continuous as to become a serious tax on the constitution, so that the mother's health soon gives way. Loss of appetite, debility, dragging sensations, or pain in the back and chest, and if the symptoms continue unchecked, Hectic-fever and premature death from the so-called "Nurses' Consumption."

INDICATIONS FOR THE REMEDIES.—

*Bryonia*.—Painful distention of the glands, oppression of the breasts, etc.

*Calcaria Carb.*—Too abundant secretion of milk, with spontaneous emission of it, and loss of flesh.



*China*.—For the debility consequent upon the excessive flow.

*Phosphoric Acid*.—Is of great service for the ensuing weakness, especially if there is much perspiration.

ACCESSORY MEANS.—Weaning is the first remedy to be adopted. Generally the milk then soon ceases to form, and the patient gains flesh and strength. A change of air and good hygienic conditions greatly aid recovery.

### 81.—INVOLUNTARY ESCAPE OF MILK

CAUSE.—Deficient tone in the milk ducts, which often co-exists with loss of tone in the general constitution.

MEDICINAL TREATMENT.—*Borax*, *Bryonia*, *Calcareo Carbonica*, *China*, and *Pulsatilla* are the remedies mostly employed to moderate the involuntary escape of milk.

ACCESSORY MEANS.—The breasts should be sponged with equal parts of cold vinegar and water (or one part of strong acetic acid to twelve parts of cold water), morning and evening, and rapidly and carefully dried with a soft towel afterwards. To keep the dress from getting soiled nipple-glasses may be worn; but they should never be used unless absolutely necessary, as they are apt to keep up, instead of to diminish, the flow of milk.

### 82.—PROLONGED NURSING

The process of lactation forms a great drain on the constitution, and although healthy women, under favourable circumstances, suckle their children for a considerable time without sustaining injurious effects, still in delicate persons, or under unfavourable hygienic conditions, nursing, even within the otherwise healthy term, may be productive of permanently serious results.

Some mothers derive the greatest pleasure from nursing their children, and never seem quite ready or willing to wean them. In addition to the pleasure of suckling, there is often another powerful motive to postpone weaning as long as possible. Generally, the function of menstruation is suspended, and it is well known that the nursing mother who does not menstruate is not likely to conceive. Hence we often find lactation continued for twelve or eighteen months, with the view of avoiding pregnancy. This expedient we have frequently found to be adopted, especially by poor dispensary patients. But inasmuch as nursing does not always shield from pregnancy, and as the health is generally injured by prolonged nursing, weaning should always take place at about the ninth month.

The period when nursing becomes hurtful varies considerably in different cases, from a few weeks after the birth of the child to nine or ten months.

**When to  
Wean**

The symptoms which indicate that lactation is injuriously affecting the mother are—aching pain in the back, or a dragging sensation when the child is in the act of nursing, accompanied or followed by a feeling of exhaustion, sinking, and emptiness; general weariness and fatigue; want of, unrefreshing, or disturbed sleep; headache at the top of the head, the painful spot being often perceptibly hotter to the touch than other parts; dimness of vision; noises in the ear; loss of appetite; dyspnœa and palpitation after exertion or ascending stairs. If the nursing is persisted in, the patient becomes pale, thin, and weak; other indications of debility follow—night-sweats; swelling of the ankles; nervousness; and extreme depression of spirits, the melancholy being often of a religious character. In short, we may have the early symptoms of Puerperal Mania, and it is important

that these symptoms should be quickly detected, and when they are amenable to treatment.

The symptoms of excessive lactation may occur in delicate women who have had several children in quick succession; also as the consequence of inherent deficiency of the vital powers, imperfect nutrition, hæmorrhage, abortion, or exhausting leucorrhœa, or any other accidental cause of debility, involving most injurious—often lasting—consequences to the mind and body.

MEDICINAL TREATMENT.—*Bry.*, *Catc.-Phos.*, *Caust.*, *China*, *Cim.*, *Lyc.*, *Phos.-Ac.*, *Puls.*, *Rhus*.

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Catcarea Phos.*—Scrofulous or chlorotic symptoms, with loss of appetite, emaciation, dry cough, short breathing, with *predisposition to Consumption*.

*Causticum*.—Excessive appetite, followed by a sense of emptiness soon after eating, or *loss of appetite*; irritable or easily vexed disposition; impaired memory; nervous anxiety, with *despondency*; throbbing headache, with pulsations and noises in the ears; threatened Amaurosis; twitchings of the muscles, etc.

*China*.—Much weakness, *noises* in the ears, palpitation, swelling of the legs, etc.; especially if there have been *night-sweats*, excessive menstruation, *hæmorrhages*, or leucorrhœa.

*Cimicifuga*.—Mental dulness and heaviness; *melancholy*; alternate depression and exaltation (also *Ign.*). Especially valuable in melancholy from prolonged lactation; and when this symptom occurs during menstruation or pregnancy.

ADMINISTRATION.—A dose every four or six hours.

ACCESSORY MEANS.—Weaning is the first indication, and should be commenced immediately; nothing short of this will in general be of any real utility. An attempt to



force the supply of milk by large and frequent quantities of beer, wine, or spirits will be unsuccessful and injurious. Should the infant be four or six weeks old, it may be weaned with a fair chance of doing tolerably well. Indeed, cases now and then occur in which the function of lactation cannot be continued even so long as a month. In slight cases, however, and when the infant is but a few weeks old, the mother should have a good supply of plain nourishing food, with cocoa, and good milk, to the exclusion of tea, coffee, etc. The use of cocoa is often productive of the best results by augmenting the secretion of milk. If, notwithstanding the use of these means, a proper supply of milk is not yielded, and the health and strength of the patient do not improve, all attempts at nursing should be at once abandoned.

Further, should the monthly courses  
**Indications** return or should pregnancy commence,  
**for** weaning should immediately take place.  
**Weaning**

To persist in nursing under such circumstances would be fraught with danger to the mother, and, probably, productive of permanently feeble health and stunted growth to the infant. Mania, where there is any predisposition to it, is extremely likely to happen when pregnancy or menstruation is allowed to proceed simultaneously with lactation.

### 83.—WEANING

The ordinary period for weaning is about the eighth or ninth month; but the time that the child is in good health, and free from the irritation of teething, should be chosen as the most appropriate. Too hot weather, or the prevalency of any intestinal epidemic, may necessitate the deferment

of weaning for a short time. If the mother is feeble and sickly, it is generally desirable to wean the infant when it is six months old, or, as stated in the previous Section, even at the end of the first or second month, if the mother presents evidence of suffering from lactation. On the other hand, if the child is very feeble, or suffering from any disease, it may be well to nurse it to the tenth or eleventh month, if, at the same time, the mother's health is robust. Beyond that time nursing is nearly always productive of serious consequences, both to the mother and child. When weaning is decided upon, the mother should gradually diminish the allowance of the breast, and increase the supply of suitable kinds of food. Too sudden weaning increases the risk of local mischief, and of a general derangement of her health. In some cases it is a good expedient for the mother either to send the child away, or leave him at home and to go away herself for a few days. As soon as the weaning is commenced, the mother should remain quiet for a little time, in order that the swollen breasts may not suffer from the motion of the arms or the pressure of the stays, and that the system may be free from excitement. She should take only light nourishment; refrain from food likely to induce thirst; drink as little as possible, and that of cold water; keep the breasts covered with some light, warm material; and avoid soups and other liquid kinds of food.

MEDICINAL TREATMENT.—

*Bryonia*.—Excessive quantities of milk.

*Belladonna*.—Red, painful, and distended breasts.

*Calc.-C.*, *Puls.*, and *Rhus* are sometimes required.

ACCESSORY MEANS.—In addition to the suggestions offered above, if the flow of milk continues too abundant during the first few days of weaning, nipple-glasses may be

kept applied to receive the milk; gentle friction with the hand, lubricated with olive-oil, may also be had recourse to, for softening the skin. When the breasts are large and flabby they should be supported by a broad handkerchief or strips of plaster, as recommended under "Mammary Abscess." The breasts must not on any account be drawn, as a continued secretion is thus promoted; such a practice also endangers the formation of Mammary Abscesses.

#### 84.—GATHERED BREASTS (*Mammary Abscess*)

This may take place at any time during the nursing period; but it is usually an accompaniment of that great functional change in the glands which marks the commencement of lactation, especially in the first or second month, often as early as the fourth or fifth day after the birth of the child. It is most likely to arise after the birth of the *first* child.

SYMPTOMS.—These vary according to the situation and extent of the inflammation. If it merely affects the subcutaneous cellular tissue covering the gland, it will present only the features common to an abscess in any other situation near the surface. When the inflammation occurs in the tissue behind the gland, and on which it is placed, the pain is severe, throbbing, deep-seated, and increased by moving the arm and shoulder; the breast becomes swollen, red, and very prominent; being pushed forward by the abscess behind. Sometimes, but less frequently, the gland itself is involved, when the pain becomes very acute and lancinating, the swelling very considerable, and there is much constitutional disturbance,—quick, full pulse, hot skin, thirst, headache, sleeplessness, etc. This variety of gathered breast is preceded by *rigors* (shivering fits), followed



by heat, and the case should be immediately placed under the care of a medical man, who may only then be able to arrest the further progress of the disease.

CAUSES.—Exposure to cold by not covering the breasts during nursing; sitting up in bed, uncovered, to nurse the child; too small, depressed, or sore nipples, so that the breast becomes distended with milk, favouring inflammation and suppuration; efforts of the child to suck when there is no milk in the breast; strong emotions, mechanical injuries; too prolonged nursing, the Abscess in the latter case not appearing until a late period—the tenth to the twelfth month. Too sudden weaning by allowing a large accumulation of milk in the breasts, and deranging the general health by *abruptness* of the new condition of things, is also an exciting cause. Tight-fitting stays, by compressing the glands, keep the breasts too hot, and derange the circulation in them, and act as predisposing causes. But *constitutional debility* is the great predisposing cause; hence it most frequently happens after a first labour, which is often a protracted one; after giving birth to twins; and after profuse hæmorrhage. Debility leading to Abscess may occur as the result of innutritious slop-diet, too often adopted during the first week of confinement. Some patients are so strongly predisposed to Mammary Abscess that without the greatest care they are certain to have one during the nursing period.

MEDICINAL TREATMENT.—*Acon.*, *Ars.*, *Bell.*, *Bry.*, *China*, *Hepar S.*, *Phos.*, *Phyt.*, *Sil.*, *Sulph.*

INDICATIONS FOR THE PRINCIPAL REMEDIES.—

*Aconitum*.—Given at the very commencement, the inflammation may be at once subdued, and suppuration prevented.

*Belladonna*.—This medicine may be required during the

inflammatory state if the surface of the breasts have an erysipelatous, glassy redness.

*Bryonia*.—Large collection of milk, the breasts being hard, or feeling *heavy*, hot, and *painful*. Whenever, after the first coming-in of the milk, from catching cold while nursing, or from abrupt weaning, the breasts become swollen, tender, knotty, and painful, *Bryonia* will often resolve the inflammation and prevent the formation of abscesses if the remedy be given *early*.

*Hepar S.*—May be required to expedite the process of suppuration.

*Phosphorus*.—Relieves pain in the breasts and promotes the healing of the abscess.

*Phytolacca*.—This is probably the most useful remedy for inflammatory engorgements of the mammary gland both at the commencement, and when suppuration has already taken place. It may be used internally, and in the form of a lotion. The testimony to the value of this remedy is very strong.

*Silicea* is of great service in strumous cases where the abscess is slow in healing.

*Sulphur*.—Chronic abscess, profuse suppuration, with chilliness in the forenoon, feverish symptoms, and flushed face in the after-part of the day.

ACCESSORY MEANS.—Two or three hours after labour—sooner if there is much hæmorrhage—the infant should be applied to the breasts, but only about once in every four hours, until the supply of milk is uniformly secreted. The breasts should be supported by a broad handkerchief, or a net-work supporter, or by strips of adhesive plaster, nicely and uniformly applied, as their weight aggravates the patient's sufferings greatly; strips of plaster are also used to effect uniform compression of the glands, and thereby

diminish their secretion. A linseed poultice, or a piece of spongio-piline dipped in hot water, should be applied to the part; this will allay the pain, by relieving tension and causing perspiration. The use of *Camphorated Oil*, followed by dry heat—as of an iron passed close to the breast—and then enveloping the breast in cotton-wool. Dr. Holcombe has most confidence in a plaster made of equal parts of extract of *Belladonna* and compound *Iodine ointment*, into which a few grains of *gum camphor* have been rubbed. This should be worn continuously and renewed every twelve hours as long as necessary. A solution of *Camphor and Glycerine*, applied over the gland by means of a flannel compress, is also a useful application. In extensive engorgement and induration an opening is necessary, and should be made in the most dependent situation as soon as fluctuation is discovered. If the matter be not evacuated as soon as it can be felt, it will be diffused in various directions through the breast.

It is important to remember that Mammary Abscess is a symptom which strongly points to *constitutional feebleness*, indicating the necessity for pure air, sunlight, suitable bathing and nourishing diet,—lightly dressed eggs, tender lean meat, oatmeal, and *brown bread*. By eating the latter, the patient has the advantage of the *Phosphorus* which is contained in the covering of the grain, but much of which is lost by the dressings which fine flour undergoes. The mind must be kept free from domestic worry and all kinds of care.

The *preventive* treatment consists in relieving the breasts as soon as they are filled in; in keeping the patient warm; and in a good diet.

In still-births and cases where it is necessary to get rid of the milk, attention should be directed primarily to the application of perfect rest, with a certain amount of pressure. A



large soft handkerchief placed round the neck and under the breast, with another reversed and passing over the breast around the body, a cotton-wool pad being interposed, will secure efficient pressure. The shoulders should be raised and the arms kept still; the upper part of the chest only lightly covered. Friction, or drawing of the breasts, should be eschewed. A moderate diet, and abstinence from fluids for a few days, combined with the above measures, may be regarded as a sure preventive of Abscess.

# APPENDIX

## LIST OF REMEDIES PRESCRIBED IN THIS MANUAL

### I.—REMEDIES, WITH NAMES OF THE DISEASES FOR WHICH THEY ARE PRESCRIBED.<sup>1</sup>

ACONITUM NAPELLUS (*Monk's-hood*). Menstruation, Amenorrhœa, Suppression of the Menses, Painful Menstruation, Change of Life, Chlorosis, Convulsions, Inflammation of the Womb, Hysteria, Spinal Irritation, Melancholy, Giddiness, Toothache, Palpitation, Varicose Veins, Piles, Retention of Urine, Pain in the Breasts, Itching of the Genital Parts, Abortion, Labour, Lochia, Milk Fever, Puerperal Fever, Deteriorated Milk, Suppressed Milk.

ÆSCULUS HIPPOCASTANUM (*Horse-chestnut*). Piles.

AGNUS CASTUS (*Chaste Tree*). Insufficient Supply of Milk.

ALETRIS FARINOSA (*Star-grass*). Falling of the Womb, Abortion.

ALOE SOCOTRINA (*Aloes*). Leucorrhœa, Constipation, Piles.

ALUMINA (*Pure Clay*). Leucorrhœa, Constipation.

AMBRA. Itching.

AMMONIUM BROM. (*Bromide of Ammonia*). Profuse Menstruation.

ANTIMONIUM CRUDUM (*Crude Antimony*). Morning Sickness, Diarrhœa, Diarrhœa after Labour.

<sup>1</sup> A glance at this list will show the comparative frequency with which the medicines are prescribed; if, therefore, a selection only of the remedies be kept, this table will show the most useful.

APIS MELLIFICA (*Honey-bee*). Œdema.

ARGENTUM NITRICUM (*Nitrate of Silver*). Too Scanty Menstruation, Spinal Irritation.

ARNICA MONTANA (*Mountain Arnica*). Menstruation, Profuse Menstruation, Falling of the Womb, Spinal Irritation, Cramp, Pain in the Back, Abortion, Labour, After-pains, Sore Nipples, Retention of Urine.

ARSENICUM ALBUM (*White Arsenic*). Delayed Menstruation, Profuse Menstruation, Change of Life, Leucorrhœa, Chlorosis, Inflammation of the Womb, Polypus of the Womb, Spinal Irritation, Varicose Veins, Œdema, Morning Sickness, Acidity, Diarrhœa, Piles, Itching of the Genital Parts, Puerperal Fever, Puerperal Mania, Sore Mouth, Gathered Breasts.

ASAFŒTIDA (*Asafœtida*). Hysteria, Insufficient Supply of Milk.

ATROPINE (*Deadly Nightshade*). Spinal Irritation.

AURUM METALLICUM (*Metallic Gold*). Hysteria, Puerperal Mania.

BAPTISIA (*Wild Indigo*). Puerperal Fever.

BARYTA CARBONICA (*Carbonate of Baryta*). Sterility.

BELLADONNA (*Deadly Nightshade*). Amenorrhœa, Suppression of the Menses, Too Scanty Menstruation, Profuse Menstruation, Painful Menstruation, Change of Life, Chlorosis, Convulsions, Falling of the Womb, Inflammation of the Womb, Spinal Irritation, Headache, Toothache, Palpitation, Varicose Veins, Colic, Incontinence of Urine, Retention of Urine, Pain in the Breasts, Itching of the Genital Parts, Labour, After-pains, Lochia, Puerperal Fever, Puerperal Mania, Weaning, Gathered Breasts.

BORAX (*Borax*). Painful Menstruation, Itching of the Genital Parts, Sore Mouth, Involuntary Escape of Milk.

BRYONIA ALBA (*White Bryony*). Amenorrhœa, Suppres-



sion of the Menses, Vicarious Menstruation, Change of Life, Giddiness, Toothache, Acidity, Cramp, Constipation, Diarrhœa, Pain in the Breasts, Lochia, Puerperal Fever, Constipation after Labour, Excessive Secretion of Milk, Involuntary Escape of Milk, Prolonged Nursing, Weaning, Gathered Breasts.

CACTUS GRANDIFLORUS (*Midnight-blooming Cereus*). Spinal Irritation, Palpitation.

CALCAREA CARBONICA (*Carbonate of Lime*). Amenorrhœa, Profuse Menstruation, Leucorrhœa, Infantile Leucorrhœa, Chlorosis, Polypus of the Womb, Sterility, Toothache, Acidity, Diarrhœa, Piles, Abortion, Lochia, Involution, Sore Nipples, Sore Mouth, Deteriorated Milk, Insufficient Supply of Milk, Excessive Secretion of Milk, Involuntary Escape of Milk, Weaning.

CALCAREA PHOSPHORATA (*Phosphate of Lime*). Amenorrhœa, Too Scanty Menstruation, Profuse Menstruation, Prolonged Nursing.

CALENDULA (*Marigold*). Infantile Leucorrhœa, Sore Mouth. For bathing after confinement.

CAMPHORA (*Camphor*). Hysteria, Fainting Fits, Palpitation, Cramps, Diarrhœa, Retention of Urine, After-pains.

CANNABIS INDICA (*Indian Hemp*). Puerperal Mania.

CANNABIS SATIVA (*Hemp*). Infantile Leucorrhœa, Sterility, Incontinence of Urine.

CANTHARIS VESICATORIA (*Blistering-fly*). Incontinence of Urine, Retention of Urine.

CAPSICUM (*Cayenne Pepper*). Acidity.

CARBO VEGETABILIS (*Vegetable Charcoal*). Leucorrhœa, Water-brash, Piles.

CARBOLIC ACID. Puerperal Fever, Sore Mouth.

CAULOPHYLLUM THALICTROIDES (*Blue Cohosh*).

Painful Menstruation, Chlorosis, Spinal Irritation, Abortion, False Labour Pains, Labour, Flooding.

CAUSTICUM (*Causticum*). Leucorrhœa, Hysteria, Prolonged Nursing, Retention of Urine after Confinement.

CHAMOMILLA (*Wild Camomile*). Suppression of the Menses, Painful Menstruation, Chlorosis, Hysteria, Melancholy, Fainting Fits, Toothache, Palpitation, Cramp, Colic, Diarrhœa, Abortion, False Labour Pains, After-pains, Deteriorated Milk, Suppressed Milk.

CHINA OFFICINALIS (*Peruvian Bark*). Amenorrhœa, Irregular Menstruation, Profuse Menstruation, Change of Life, Leucorrhœa, Polypus of the Womb, Fainting Fits, Œdema, Colic, Diarrhœa, Milk Fever, Puerperal Mania, Diarrhœa after Labour, Insufficient Supply of Milk, Excessive Secretion of Milk, Prolonged Nursing, Gathered Breasts.

CIMICIFUGA RACEMOSA (*Black Cohosh*). Amenorrhœa and General Ill-health, Suppression of the Menses, Too Scanty Menstruation, Profuse Menstruation, Painful Menstruation, Change of Life, Hysteria, Spinal Irritation, Melancholy, Fainting Fits, Headache, Sleeplessness, Toothache, Palpitation, Abortion, False Labour Pains, Labour, Puerperal Mania, Prolonged Nursing.

CINA (*Worm Seed*). Incontinence of Urine.

CINNABARIS (*Red Sulphuret of Mercury*). Polypus of the Womb.

CITRAS FERRI ET STRYCHNIÆ (*Citrate of Iron and Strychnine*). Chlorosis, Puerperal Mania.

COCCULUS INDICUS (*Indian Berries*). Painful Menstruation, Change of Life, Leucorrhœa, Hysteria, Spinal Irritation, Headache, Morning Sickness, Incontinence of Urine, Cramp during Labour.

COFFÆA CRUDA (*Raw Coffee*). Suppression of the

## LIST OF REMEDIES

Menses, Painful Menstruation, Chlorosis, Hysteria, Melancholy, Toothache, Palpitation, Labour, After-pains, Suppressed Milk.

COLCHICUM (*Meadow Saffron*). Spinal Irritation.

COLLINSONIA CANADENSIS (*Stone-root*). Vicarious Menstruation, Painful Menstruation, Leucorrhœa, Constipation, Diarrhœa, Piles, Itching of the Genital Parts, Constipation after Labour.

COLOCYNTHIS (*Bitter Cucumber*). Suppression of the Menses, Spinal Irritation, Colic.

CONIUM MACULATUM (*Spotted Hemlock*). Amenorrhœa, Suppression of the Menses, Too Scanty Menstruation, Chlorosis, Polypus of the Womb, Sterility, Morning Sickness, Pain in the Breasts, Itching of the Genital Parts.

COPAIBA (*Copaiba*). Leucorrhœa.

CROCUS SATIVUS (*Saffron*). Profuse Menstruation, Polypus of the Womb, Abortion, Flooding.

CROTON TIGLIANUM. Pain in Nipple.

CUPRUM SULPH. (*Sulphate of Copper*). Morning Sickness.

CYCLAMEN (*Sowbread*). Amenorrhœa, Too Scanty Menstruation, Chlorosis.

DIGITALIS PURPUREA (*Purple Foxglove*). Fainting, Palpitation.

DIOSCOREA (*Wild Yam-root*). Colic.

DULCAMARA (*Bitter-sweet*). Suppression of the Menses, Diarrhœa.

ERIGERON (*Canada Fleabane*). Profuse Menstruation.

EUPATORIUM AROMATICUM (*White Snake-root*). Sore Mouth.

FERRI PHOS. (*Phosphate of Iron*). Chlorosis.

FERRUM (*Iron*). Amenorrhœa and General Ill-health, Too Scanty Menstruation, Vicarious Menstruation, Change



of Life, Leucorrhœa, Chlorosis, Polypus of the Womb, Spinal Irritation, Sterility, Œdema, Prolonged Nursing.

GELSEMINUM SEMPERVIRENS (*Yellow Jessamine*). Suppression of the Menses, Painful Menstruation, Change of Life, Chlorosis, Spinal Irritation, Headache, Labour, After-pains.

GLONOINE (*Nitro-glycerine*). Change of Life, Dizziness and Headache.

GRAPHITES (*Blacklead*). Too Scanty Menstruation, Leucorrhœa, Chlorosis, Itching of the Genitals, Sore Nipples.

HAMAMELIS VIRGINICA (*Witch-hazel*). Vicarious Menstruation, Profuse Menstruation, Painful Menstruation, Leucorrhœa, Spinal Irritation, Varicose Veins, Piles, Pain in Breasts, Abortion, Labour, Flooding.

HELONIAS DIOICA (*False Unicorn*). Amenorrhœa, Too Scanty Menstruation, Leucorrhœa, Chlorosis, Falling of the Womb, Sterility, Abortion.

HEPAR SULPHURIS (*Liver of Sulphur*). Inflammation of the Womb.

HYDRASTIS CANADENSIS (*Golden Seal*). Leucorrhœa, Infantile Leucorrhœa, Constipation, Lochia, Sore Mouth.

HYOSCYAMUS NIGER (*Black Henbane*). Convulsions, Suppression of the Menses, Hysteria, Melancholy, Colic, Retention of Urine, Lochia, Puerperal Fever, Puerperal Mania.

IGNATIA AMARA (*St. Ignatius' Bean*). Suppression of the Menses, Chlorosis, Hysteria, Spinal Irritation, Melancholy, Fainting Fits, Headache, Sleeplessness, Palpitation, Colic, Puerperal Mania, Deteriorated Milk.

IODIUM (*Iodine*). Amenorrhœa, Too Scanty Menstruation, Leucorrhœa, Infantile Leucorrhœa, Inflammation of the Womb, Fainting Fits, Salivation, Gathered Breasts.

IPECACUANHA (*Ipecacuanha*). Vicarious Menstrua-

tion, Profuse Menstruation, Headache, Morning Sickness, Abortion, Flooding.

IRIS VERSICOLOR (*Blue-flag*). Diarrhœa, Headache, Acidity, Cramp, Salivation.

KALI BROMIDUM (*Bromide of Potash*). Painful Menstruation, Hysteria, Morning Sickness.

KALI CARBONICUM (*Carbonate of Potash*). Chlorosis, Acidity, Cramp.

KALI CHLORICUM (*Chlorate of Potash*). Salivation.

KALI HYDRIODICUM (*Iodide of Potash*). Painful Menstruation, Involution.

KREASOTUM (*Kreasotum*). Leucorrhœa, Toothache, Morning Sickness, Itching of the Genital Parts.

LACHESIS (*Lachesis*). Change of Life.

LEPTANDRA (*Tall Speedwell*). Chlorosis.

LILIUM TIGRINUM (*Tiger Lily*). Falling of the Womb.

LIQUOR SODÆ CHLOR. (*Chlorate of Soda*). Falling of the Womb, Involution.

LYCOPodium (*Wolf's-foot*). Amenorrhœa, Change of Life, Leucorrhœa, Chlorosis, Falling of the Womb, Varicose Veins, Morning Sickness, Acidity, Constipation, Piles, Itching of the Genital Parts, Constipation after Labour, Sore Nipples, Prolonged Nursing.

MACROTIN (*active principle of Cimicifuga*). Painful Menstruation, Spinal Irritation.

MAGNESIA CARB. Toothache.

MERCURIUS (*Mercury, including Merc.-Corrosivus, Merc.-Iodatus, Merc.-Solubilis*). Too Scanty Menstruation, Leucorrhœa, Infantile Leucorrhœa, Falling of the Womb, Inflammation of the Womb, Toothache, Salivation, Diarrhœa, Itching of the Genital Parts, Puerperal Fever, Sore Nipples, Sore Mouth.

MEZEREUM (*Spurge Laurel*). Leucorrhœa.

MILLIEFOLUM (*Yarrow*). Profuse Menstruation.

MOSCHUS (*Musk*). Hysteria, Fainting, Palpitation.

MURIATUS ACIDUM (*Muriatic Acid*). Sore Mouth.

NATRUM CARBONICUM (*Carbonate of Soda*). Sore Mouth.

NATRUM MURIATICUM (*Muriate of Soda*). Too Scanty Menstruation, Leucorrhœa, Chlorosis, Palpitation.

NITRI ACIDUM (*Nitric Acid*). Leucorrhœa, Polypus of the Womb, Salivation, Constipation, Piles, Sore Mouth.

NUX VOMICA (*Vomit-nut*). Amenorrhœa, Vicarious Menstruation, Change of Life, Chlorosis, Falling of the Womb, Inflammation of the Womb, Hysteria, Spinal Irritation, Sterility, Headache, Toothache, Palpitation, Varicose Veins, Morning Sickness, Heartburn, Cramp, Colic, Constipation, Piles, Incontinence of Urine, Retention of Urine, Abortion, After-pains, Constipation after Labour, Deteriorated Milk.

OPIUM (*White Poppy*). Suppression of the Menses, Melancholy, Fainting, Constipation, Puerperal Fever, Constipation after Labour.

PETROLEUM. Sickness of Pregnancy.

PELLANDRIUM. Painful Nipple.

PHOSPHORI ACIDUM (*Phosphoric Acid*). Chlorosis, Sterility, Diarrhœa, Milk Fever, Puerperal Fever, Diarrhœa after Labour.

PHOSPHORUS (*Phosphorus*). Amenorrhœa and General Ill-health, Deficient Menstruation, Vicarious Menstruation, Profuse Menstruation, Chlorosis, Sterility, Heartburn, etc., Diarrhœa, Piles, Gathered Breasts.

PHYTOLACCA DECANDRA (*Pokeweed*). Gathered Breasts.

PLATINA (*Platinum*). Inflammation of the Womb, Hysteria, Sterility, Melancholy, Headache, Constipation, Itching of Genitals, Lochia, Puerperal Mania.



## LIST OF REMEDIES

PEPSINE. Morning Sickness.

PLUMBUM (*Lead*). Chlorosis, Colic, Constipation.

PODOPHYLLIN (*Resinoid of Pod.-Pelt.*). Colic.

PODOPHYLLUM PELTATUM (*May-apple*). Falling of the Womb, Piles.

POLYGONUM (*Smartweed*). Amenorrhœa.

PULSATILLA (*Pasque-flower*). Amenorrhœa and General Ill-health, Suppression of the Menses, Too Scanty Menstruation, Irregular Menstruation, Vicarious Menstruation, Profuse Menstruation, Painful Menstruation, Change of Life, Leucorrhœa, Infantile Leucorrhœa, Chlorosis, Hysteria, Spinal Irritation, Melancholy, Fainting Fits, Headache, Toothache, Palpitation, Varicose Veins, Morning Sickness, Heartburn, Diarrhœa, Incontinence of Urine, Pain in the Breasts, Abortion, Cramp during Labour, Labour, Lochia, Puerperal Mania, Diarrhœa after Labour, Suppressed Milk, Involuntary Escape of Milk, Prolonged Nursing, Weaning.

QUINÆ SULPHAS (*Sulphate of Quinine*). Irregular Menstruation.

RHUS TOXICODENDRON (*Poison-oak*). Spinal Irritation, Cramp, Retention of Urine, Puerperal Fever, Prolonged Nursing, Weaning.

ROBINIA (*Locust Tree*). Acidity.

SABINA (*Savin*). Profuse Menstruation, Leucorrhœa, Inflammation of the Womb, Polypus of the Womb, Hysteria, Sterility, Abortion, Flooding, Lochia.

SANGUINARIA CANADENSIS (*Blood-root*). Change of Life, Acidity.

SECALE CORNUTUM (*Spurred Rye*). Profuse Menstruation, Painful Menstruation, Polypus of the Womb, Abortion, Labour, Flooding, After-pains, Lochia.

SENECIO (*Life-root*). Amenorrhœa, Suppression of the

Menses, Too Scanty Menstruation, Vicarious Menstruation, Painful Menstruation, Chlorosis, Sterility.

SEPIA SUCCUS (*Inky Juice of the Cuttle-fish*). Amenorrhœa, Suppression of the Menses, Too Scanty Menstruation, Change of Life, Leucorrhœa, Chlorosis, Falling of the Womb, Sterility, Melancholy, Headache, Toothache, Palpitation, Morning Sickness, Cramp, Constipation, Itching of the Genital Parts, Abortion, Lochia, Involution.

SILICEA (*Pure Flint*). Leucorrhœa, Hysteria, Varicose Veins, Sore Nipples, Deteriorated Milk, Insufficient Supply of Milk, Gathered Breasts.

SPIGELIA (*Worm Grass*). Spinal Irritation.

SPONGIA (*Burnt Sponge*). Polypus of the Womb.

STANNUM (*Tin*). Leucorrhœa, Falling of the Womb.

STAPHYSAGRIA (*Staves-acre*). Hysteria, Toothache.

STRAMONIUM (*Thorn-apple*). Spinal Irritation, Puerperal Fever, Puerperal Mania.

SULPHUR (*Brimstone*). Amenorrhœa, Too Scanty Menstruation, Vicarious Menstruation, Profuse Menstruation, Change of Life, Leucorrhœa, Chlorosis, Falling of the Womb, Inflammation of the Womb, Spinal Irritation, Sterility, Varicose Veins, Œdema, Acidity, Constipation, Diarrhœa, Piles, Itching of the Genital Parts, Lochia, Constipation after Labour, Involution, Sore Nipples, Deteriorated Milk, Insufficient Supply of Milk, Gathered Breasts.

SULPHURIS ACIDUM (*Sulphuric Acid*). Acidity, Salivation, Sore Mouth.

SYMPHONCARPUS RACEMOSUS (*Snow-berry*). Sickness of Pregnancy.

TABACUM (*Tobacco*). Change of Life, Sickness of Pregnancy.

TEUCRIUM (*Wood-sage*). Infantile Leucorrhœa.

THUJA (*Tree of Life*). Polypus of the Womb, Itching of the Genital Parts.

TRILLIUM (*Beth-root*). Polypus of the Womb.

VALERIANA OFFICINALIS (*Valerian*). Hysteria.

VERATRUM ALBUM (*White Hellebore*). Amenorrhœa, Suppression of the Menses, Morning Sickness, Colic, Puerperal Mania.

VERATRUM VIRIDE (*American Hellebore*). Change of Life, Spinal Irritation, Fainting, Palpitation, Cramps, False Labour Pains, Milk Fever, Puerperal Fever, Puerperal Mania, Sore Nipples.

VIBURNUM. Cramps, Abortion, False Labour Pains, After-pains.

XANTHOXYLUM (*Prickly Ash*). Painful Menstruation, Leucorrhœa, After-pains.

ZINCUM METALLICUM (*Zinc*). Leucorrhœa, Spinal Irritation.

ZINCUM VALERIAN (*Valerianate of Zinc*). Hysteria.



## II.—LIST OF INTERNAL REMEDIES, WITH THE DILUTIONS RECOMMENDED FOR GENERAL USE

ACON. 3x	CON.-M. 1x	Mill. 3x
Æsculus H. 3x	Copaib. 3x	Mosch. 3x
Agn.-C. 1x	CROC. 3x	Mur.-Ac. 1
Aletris 1x	Crot.-T. 3	Nat.-M. 5 or 12
Aloes 3x	Cup.-S. 6	Nit.-Ac. 1
Alum 5	Cyclam. 3x	NUX.-V. 3x
Ambra 5	Dioscorea 1x	OPIUM 3x
Ant.-C. 5	DULC. 3x	Petrol. 3
Ant.-T. 3x	Erig. 3x	Phelland. 3x
Apis 3x	Eupat.-A. $\phi$ , 1x	PHOS. 4x
ARN. 3x	Euphr. 3x	Phos.-Ac. 1
Arg.-N. 3	FERRUM M. 1x	Phyto. 1x
ARSEN. 3x	Ferrum Mur. 3x	PLAT. 5
Asaf. 3x	Ferri Phos. 1	Plumb. 5
Atrop. 3	GELS. 1x	Podoph. $\phi$ or 1x
Aurum 5	Glon. 3x	Polyg. 3x
Bapt. 1x	Graph. 5	PULS. 1x
Bar.-C. 5 or 12	HAM.-V. 1	Quin.-S. 1
BELL. 3x	HELON.-D. $\phi$ , 1x	Rheum 2x
Borax 3	Hep.-S. 5	Rhus T. 3x
BRY. 3x	Hydrast. $\phi$ or 1	Robinia 3x
Cact. 1x	HYOS. 3x	SABINA 3x
CALC.-C. 5	IGN. 3x	Sanguin. 1x
Calc.-Ph. 1 trit.	IOD. 1	SECALE 1x
Calendula $\phi$	IPEC. 3x	SENECIO $\phi$ , 1x
Cann.-I. 1x	Iris 1	Sepia 5
Cann.-S. 1x	Kali Brom. 1x	SILIC. 5
Canth. 3x	Kali C. 5	Spig. 2x
Carbo V. 5	Kali Ch. 3x	Spong. 3x
Cauloph. 1x	Kali H. 3x	Stan. 5
Caust. 3x	KREAS. 3x	Staph. 2x
Caps. 3	Lach. 5	Stram. 3x
CHAM. 3x	Lept. 1x trit.	SULPH. 3x
CHINA 1x	Lilium Tig. 1x	Sulph.-Ac. 1
CIMICIF. 3x	Liq.-Sod.-Ch. 2x	Tab. 3
Cina 3x	LYCOP. 5	Thuja 3
Cinn. 3x	Macrot. 1x	Trill. 2x
COCC. $\phi$ , 1x	Magnes.-C. 5	Valer. 1x
COFF. 3x	Merc.-C. 3x	VERAT.-A. 3x
Colch. 3x	MERC.-S. 3x	Verat.-Ver. 1x
COLLINS. 1x	Merc.-I. 1 trit.	Vib.-O. 3x
Coloc. 3x	Mez. 3x	Xanthoxylum 1x

Also Dr. RUBINI's Solution of Camphor, which must be kept apart from the other medicines.

Wherever *Mercurius* is indicated in the body of the work, and no special preparation of it is mentioned, *Mercurius Solubilis* is to be prescribed.

\* \* To ascertain the comparative frequency with which the above remedies are prescribed, see the list, pp. 252-262.

# GLOSSARY

AMENORRHŒA. Absence, retention, or suppression of the menstrual discharge.

Amnion. The membrane in which the fœtus is enclosed in the womb.

Anæmia. Poorness of blood.

Antigalactics. Medicines which have the power of diminishing the secretion of milk.

Anus. The outlet of the bowels.

Apthæ. Thrush, sore mouth.

Atonic. In a relaxed condition. Wanting in tone.

BALLOTTEMENT. Floating.

Bruit. A sound.

CACHEXIA. A depraved condition of body.

Catamenia. The monthly period.

Catheter. An instrument to draw off the urine.

Chlorosis. Green sickness.

DEFECATION. Action of the bowels.

Dysmenorrhœa. Painful menstruation.

EMANSIO MENSIIUM. Delay of the first appearance of the monthly periods, though the proper age has been reached.

Emmenagogues. Medicines to force on the menses.

Embryo. The earliest stage of fetal life.

Enceinte. Pregnant condition.

FŒTUS. The unborn child.

Functional. Pertaining to the *action* of any organ or part: opposed to *organic*.

HÆMORRHOIDS. Piles.

Hymen. The membrane which closes the orifice of the vagina.

INVOLUTION. The return of the womb after parturition to its virgin size.

KACHEXIA. Depraved condition of body.

Kiesteine or Kyesteine. The cheesy-smelling film which forms on the surface of the urine of pregnant women.

LEUCORRHŒA. White discharge from the vagina.

Liquor Amnii. The fluid in which the unborn child floats.

Lochia. The discharge after delivery.

Luxation. Displacement.

MENORRHAGIA. Excessive flow of the menses.

Menstruation. The monthly discharge.

ŒDEMA. Swelling from serous effusion. Dropsical swelling.

Organic. Pertaining to the *structure* of any organ or part: opposed to *functional*.

Os uteri. The mouth or orifice of the womb.

Ovum. An egg.

PELVIS. The bony cavity which contains the bladder, uterus, and rectum.

Perinæum. The space between the vagina and anus.

Placenta. Afterbirth.

Polypus. A tumour with a narrow neck or attachment.

Primiparæ. First deliveries.

Procidentia uteri. Protrusion of the uterus.

Prolapsus. Falling down.

Pruritus. Itching.

Pyrosis. Heartburn.

RIGOR. Coldness with shivering.

SANGUINEOUS. Having the properties or colour of blood.

Sloughing. Destruction and separation of tissue in consequence of severe inflammation or ulceration.

Souffle. A murmur.

Sphincter. A muscle which surrounds and closes any opening.

Suppressio Mensium. Cessation of the appearance of the monthly periods before the proper time.

TYMPANITIS. Drum-belly — like a drum.

UTERUS. Womb.

VAGINA. The passage to the womb.

Vicarious. Substitutional.



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# NOTES













